

Cumulative e-File History 2013	
Federal	
Locator:	4218CV
Taxpayer Name:	Mt. Washington Pediatric Hospital, Inc.
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	05/12/2015 09:08:18
Acknowledgement Date:	05/12/2015 09:33:28
Status:	Accepted
Submission ID:	23695320151325000011

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning 07/01, 2013, and ending 06/30, 2014

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2013

Department of the Treasury
Internal Revenue Service

Name of exempt organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

Name and title of officer

ALFRED A PIETSCH, TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>56883625.</u>
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5),	4b	
5a	Form 8868 check here ▶	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize GRANT THORNTON LLP to enter my PIN

1	4	2	1	9
---	---	---	---	---

 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Alfred A Pietsch, Treasurer* Date ▶ 5-7-15

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

2	3	6	9	5	3	3	6	6	0	5
---	---	---	---	---	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *Frank O. Seiler* Date ▶ 05/06/2015

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning 07/01, 2013, and ending 06/30, 2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>MT. WASHINGTON PEDIATRIC HOSPITAL, INC.</u>		D Employer identification number <u>52-0591483</u>
	Doing Business As		E Telephone number <u>(410) 578-8600</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code <u>BALTIMORE, MD 21209</u>		G Gross receipts \$ <u>71,259,649.</u>
F Name and address of principal officer: <u>SHELDON STEIN</u> <u>1708 W. ROGERS AVENUE BALTIMORE, MD 21209</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ <u>WWW.MWPH.ORG</u>			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: <u>1926</u> M State of legal domicile: <u>MD</u>

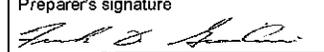
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>MT. WASHINGTON PEDIATRIC HOSPITAL IS DEDICATED TO MAXIMIZING THE HEALTH AND INDEPENDENCE OF THE CHILDREN WE SERVE.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>12.</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>12.</u>
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	<u>582.</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>105.</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0</u>
7b Net unrelated business taxable income from Form 990-T, line 34	7b	<u>0</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>2,515,697.</u>	<u>870,170.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>52,120,071.</u>	<u>53,698,556.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>598,932.</u>	<u>620,336.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>2,918,827.</u>	<u>1,694,563.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>58,153,527.</u>	<u>56,883,625.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>0</u>	<u>0</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>34,069,734.</u>	<u>36,001,483.</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>175,638.</u>	<u>0</u>	<u>0</u>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>15,043,260.</u>	<u>14,852,338.</u>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>49,112,994.</u>	<u>50,853,821.</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>9,040,533.</u>	<u>6,029,804.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>89,874,095.</u>	<u>101,073,590.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20.	<u>21,780,416.</u>	<u>22,862,582.</u>
		<u>68,093,679.</u>	<u>78,211,008.</u>

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		<u>5-7-15</u>
	Signature of officer	Date
	<u>ALFRED A PIETSCH</u>	<u>TREASURER</u>
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name <u>FRANK GIARDINI</u>	Preparer's signature 	Date <u>05/06/2015</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00532355</u>
	Firm's name ▶ <u>GRANT THORNTON LLP</u>	Firm's EIN ▶ <u>36-6055558</u>			
	Firm's address ▶ <u>2001 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19103</u>	Phone no. <u>215-561-4200</u>			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number (EIN) or 52-0591483
	Number, street, and room or suite no. If a P.O. box, see instructions. 1708 W. ROGERS AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BALTIMORE, MD 21209	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ AL CRISP, 250 W. PRATT STREET SUITE 1436 BALTIMORE, MD 21201

Telephone No. ▶ 410 328-0649 FAX No. ▶ 866 280-0649

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 20 15, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 ____ or

▶ tax year beginning 07/01, 20 13, and ending 06/30, 20 14.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Cumulative e-File History 2013

FED

Locator:	4218CV
Taxpayer Name:	Mt. Washington Pediatric Hospital, Inc.
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	11/05/2014 08:33:41
Acknowledgement Date:	11/05/2014 08:57:16
Status:	Accepted
Submission ID:	23695320143095000002

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	52-0591483
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	1708 W. ROGERS AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BALTIMORE, MD 21209	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of AL CRISP, 250 W. PRATT STREET SUITE 1436 BALTIMORE, MD 21201
Telephone No. 410 328-0649 Fax No. 866 280-0649

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until _____ 05/15 , 20 15 .

5 For calendar year _____ , or other tax year beginning _____ 07/01 , 20 13 , and ending _____ 06/30 , 20 14 .

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	0
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title EA Date 2/6/2015

Cumulative e-File History 2013	
FED	
Locator:	4218CV
Taxpayer Name:	Mt. Washington Pediatric Hospital, Inc.
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	02/06/2015 16:28:51
Acknowledgement Date:	02/06/2015 16:56:54
Status:	Rejected
Submission ID:	23695320150375000011
Submitted Date:	02/10/2015 16:24:39
Acknowledgement Date:	02/10/2015 16:57:37
Status:	Accepted
Submission ID:	23695320150415000001

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

MT. WASHINGTON PEDIATRIC HOSPITAL IS DEDICATED TO MAXIMIZING THE HEALTH AND INDEPENDENCE OF THE CHILDREN WE SERVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 43,148,740. including grants of \$) (Revenue \$ 55,421,359.)

MT. WASHINGTON PEDIATRIC HOSPITAL, INC. OFFERED PEDIATRIC INPATIENT AND OUTPATIENT SERVICES FOR CHILDREN WITH CHRONIC ILLNESSES AND REHABILITATION NEEDS. 22,231 INPATIENT DAYS OF CARE WERE PROVIDED DURING THE FISCAL YEAR. 40,778 VISITS WERE RECORDED AT ITS SPECIALIZED CLINICS. THE MAJORITY OF PATIENTS TREATED WERE SOCIOECONOMIC DISADVANTAGED CHILDREN. 80% OF PATIENTS RECEIVED MEDICAL ASSISTANCE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 43,148,740.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	X	
24 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
25 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28 a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28 b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28 c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35 b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and Form 990 filings.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (12), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: S. MICHELLE LEE 250 W. PRATT STREET SUITE 1436 BALTIMORE, MD 21201 410-328-1376

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII. X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EDWARD B. CHAMBERS TRUSTEE	1.00	X						0	0	0
(2) ROBERT A. CHRENCIK TRUSTEE	1.00	X						0	0	0
(3) S. TRACY COSTER TRUSTEE	1.00	X						0	0	0
(4) STEVEN J. CZINN, M.D. TRUSTEE	1.00	X						0	0	0
(5) GEORGE J. DOVER, M.D. TRUSTEE	1.00	X						0	0	0
(6) JOHN KELLY TRUSTEE	1.00	X						0	0	0
(7) LAWRENCE C. PAKULA, M.D. TRUSTEE	1.00	X						0	0	0
(8) RONALD R. PETERSON TRUSTEE	1.00	X						0	0	0
(9) DR. BERYL ROSENSTIEN TRUSTEE	1.00	X						0	0	0
(10) G. DANIEL SHEALER, JR ESQUIRE TRUSTEE	1.00	X						0	0	0
(11) ROSLYN STOLER TRUSTEE	1.00	X						0	0	0
(12) FRED WOLF, III, ESQUIRE TRUSTEE	1.00	X						0	0	0
(13) SHELDON STEIN PRESIDENT CEO	40.00 1.00			X				336,512.	0	186,415.
(14) ALFRED A PIETSCH TREASURER	1.00			X				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MARY MILLER CFO / VP - FINANCE	40.00 1.00			X				157,914.	0	58,594.
(16) THOMAS ELLIS VP - HUMAN RESOURCES	40.00				X			150,151.	0	77,164.
(17) JENNIFER BOWIE VP - NURSING ADMIN	40.00				X			154,815.	0	35,009.
(18) BARINADA GIADOM ATTENDING PHYSICIAN	40.00					X		196,350.	0	41,325.
(19) KATHERINE ALTER MD DIRECTOR PHYSICAL MEDICINE	32.00					X		233,802.	0	39,275.
(20) ROBERT BLAKE DIRECTOR - NEONATOLOGY SVCS	36.00					X		124,335.	0	12,309.
(21) AJOKI AJAYI-AKINTADE MD ATTENDING PHYSICIAN	40.00					X		189,483.	0	13,813.
(22) STEPHEN NICHOLS MD ATTENDING PHYSICIAN	40.00					X		204,430.	0	43,455.
1b Sub-total								336,512.	0	186,415.
c Total from continuation sheets to Part VII, Section A								1,411,280.	0	320,944.
d Total (add lines 1b and 1c)								1,747,792.	0	507,359.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 24

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 19

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	182,216.					
	d Related organizations	1d	366,125.					
	e Government grants (contributions) . .	1e						
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	321,829.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			870,170.				
Program Service Revenue	Business Code							
	2a NET PATIENT REVENUE		900099	53,698,556.	53,698,556.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
g Total. Add lines 2a-2f			53,698,556.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			230,051.			230,051.	
	4 Income from investment of tax-exempt bond proceeds . . .			0				
	5 Royalties			0				
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses		14,644,200.				
		c Gain or (loss)		14,253,915.				
		d Net gain or (loss)		390,285.	390,285.			390,285.
	8a Gross income from fundraising events (not including \$ 182,216. of contributions reported on line 1c). See Part IV, line 18	a		93,869.				
		b Less: direct expenses	b	122,109.				
		c Net income or (loss) from fundraising events			-28,240.			-28,240.
	9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities				0				
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue			Business Code					
11a MEDICAL RECORDS		900099	2,437.	2,437.				
b NET ASSETS RELEASED FOR OPERATING PURPOSE		900099	373,279.	373,279.				
c ALL OTHER REVENUE		900099	1,347,087.	1,347,087.				
d All other revenue								
e Total. Add lines 11a-11d			1,722,803.					
12 Total revenue. See instructions			56,883,625.	55,421,359.		592,096.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	646,421.	549,458.	96,963.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	28,366,487.	23,961,396.	4,254,973.	150,118.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	489,707.	416,251.	73,456.	
9 Other employee benefits	4,367,265.	3,686,655.	655,090.	25,520.
10 Payroll taxes	2,131,603.	1,811,863.	319,740.	
11 Fees for services (non-employees):				
a Management	0			
b Legal	14,646.	12,449.	2,197.	
c Accounting	465,400.	395,590.	69,810.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	56,292.	47,848.	8,444.	
12 Advertising and promotion	167,775.	142,609.	25,166.	
13 Office expenses	1,031,529.	876,800.	154,729.	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	310,128.	263,609.	46,519.	
17 Travel	99,676.	84,725.	14,951.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	16,445.	13,978.	2,467.	
20 Interest	86,694.	73,690.	13,004.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	2,469,493.	2,099,069.	370,424.	
23 Insurance	-86,116.	-73,199.	-12,917.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>SUPPLIES</u>	5,258,924.	4,470,085.	788,839.	
b <u>BED DEBT</u>	657,533.	657,533.		
c <u>CAFÉ CATERING</u>	255,231.	216,946.	38,285.	
d <u>CLINICAL</u>	579,202.	492,322.	86,880.	
e All other expenses	3,469,486.	2,949,063.	520,423.	
25 Total functional expenses. Add lines 1 through 24e	50,853,821.	43,148,740.	7,529,443.	175,638.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	0	1	0	
	2 Savings and temporary cash investments	17,215,446.	2	17,403,334.	
	3 Pledges and grants receivable, net	488,362.	3	472,991.	
	4 Accounts receivable, net	5,252,896.	4	7,851,961.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0	
	7 Notes and loans receivable, net	0	7	0	
	8 Inventories for sale or use	137,219.	8	150,913.	
	9 Prepaid expenses and deferred charges	337,682.	9	160,257.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 57,511,376.			
	b Less: accumulated depreciation	10b 32,150,217.	22,617,776.	10c	25,361,159.
	11 Investments - publicly traded securities	24,335,841.	11	27,194,179.	
	12 Investments - other securities. See Part IV, line 11	0	12	0	
	13 Investments - program-related. See Part IV, line 11	0	13	0	
	14 Intangible assets	0	14	0	
	15 Other assets. See Part IV, line 11	19,488,873.	15	22,478,796.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	89,874,095.	16	101,073,590.		
Liabilities	17 Accounts payable and accrued expenses	11,315,446.	17	12,162,604.	
	18 Grants payable	0	18	0	
	19 Deferred revenue	0	19	299,416.	
	20 Tax-exempt bond liabilities	6,290,000.	20	6,005,000.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0	
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,174,970.	25	4,395,562.	
	26 Total liabilities. Add lines 17 through 25	21,780,416.	26	22,862,582.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	58,467,394.	27	67,493,622.	
	28 Temporarily restricted net assets	8,801,114.	28	9,892,215.	
	29 Permanently restricted net assets	825,171.	29	825,171.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	68,093,679.	33	78,211,008.	
	34 Total liabilities and net assets/fund balances	89,874,095.	34	101,073,590.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	56,883,625.
2	Total expenses (must equal Part IX, column (A), line 25)	2	50,853,821.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,029,804.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68,093,679.
5	Net unrealized gains (losses) on investments	5	2,260,749.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,826,776.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	78,211,008.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC. **Employer identification number** 52-0591483

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2013; 15 Public support percentage from 2012 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2013; b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; b 10%-facts-and-circumstances test - 2012; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2013, 2012. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2012 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2013, 2012. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

2013

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
--	---

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number
52-0591483**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JACK & MAE ROSENBERG CHARITABLE TRUST 4 CHASE METROTECH CENTER BROOKLYN, NY 11245	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ASSOCIATED JEWISH CHARITIES OF BALTO. 101 W. MT. ROYAL AVENUE BALTIMORE, MD 21201	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BEN & ZELDA COHEN FOUNDATION INC. 1233 W. MT. ROYAL AVENUE BALTIMORE, MD 21217	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	JOHN & KRISTEN KELLY TITHE ACCOUNT 604 CHESTNUT AVENUE TOWSON, MD 21204	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PHYLLIS MEYERHOFF 10 E. LEE STREET #2701 BALTIMORE, MD 21202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE M&T CHARITABLE FOUNDATION P. O. BOX 767 BUFFALO, NY 14200	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number
52-0591483**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE HARVEY MEYERHOFF FUND INC. 1 SOUTH STREET STE 1000 BALTIMORE, MD 21202	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	QUOTIENT 6310 HILLSIDE COURT, SUITE 101 COLUMBIA, MD 21046	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	HARRY & MARY MERRIKEN 11609 HUNTERS RUN DRIVE HUNT VALLEY, MD 21030	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	BEN & ZELDA COHEN FOUNDATION INC. 1233 W. MT. ROYAL AVENUE BALTIMORE, MD 21217	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	HERMAN & WALTER SAMUELSON FOUNDATION 409 WASHINGTON AVENUE, SUITE 900 TOWSON, MD 21204	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	QUOTIENT 6310 HILLSIDE COURT, SUITE 101 COLUMBIA, MD 21046	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number
52-0591483**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	BLUE KNIGHTS INTL MOTORCYCLE CLUB INC. P. O. BOX 1456 GLEN BURNIE, MD 21061	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	MORRIS A. MECHANIC FOUNDATION 6418 SMALLWOOD COURT PASADENA, MD 21122	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	ALLEGIS GROUP FOUNDATION 7312 PARKWAY DRIVE HANOVER, MD 21076	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	RAVENS ACT FOUNDATION 1 WINNING DRIVE OWENS MILLS, MD 21117	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	THE JESS CARTER FOUNDATION 1548 SHIPSVIEW ROAD ANNAPOLIS, MD 21401	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	JUDITH WOODY TRUST / M & T BANK 25 SOUTH CHARLES ST. P O 1596 BALTIMORE, MD 21203	\$ 21,176.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number
52-0591483**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	FRISCHBONE LLC C/O MT. WASHINGTON TAVERN 5700 NEWBERY STREET BALTIMORE, MD 21209	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	NSA SPORTS MARKETING 801 KEY HIGHWAY UNIT 439 BALTIMORE, MD 21230	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	DAVID & KATHLEEN LINDENSTRUTH 31 CEDAR AVENUE TOWSON, MD 21286	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	LOUIS H GROSS FOUNDATION P.O. BOX 217 RIDERWOOD, MD 21239	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	GOLFERS CHARTIABLE ASSOCIATION INC 2 HAMILL ROAD BALTIMORE, MD 21210	\$ 7,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	FIDELITY CHARITABLE GIFT P. O. BOX 770001 CINCINNATI, OH 45277	\$ 48,445.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number
52-0591483**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	THE TOBY & MELVIN WEINMAN FOUNDATION P. O. BOX 530 STEVENSON, MD 21153	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	O'NEIL FAMILY FOUNDATION 11325 JOHN CARROLL ROAD OWENS MILLS, MD 21117	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	JOHNS HOPKINS P. O. BOX 33499 BALTIMORE, MD 21218	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	KELLY INTEGRAL SOLUTIONS LLC 301 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	THE ELIASBERG FAMILY FOUNDATION 7 SAINT PAUL STREET, SUITE 710 BALTIMORE, MD 21202	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	FRANCIS & JANET KELLY 1518 APPLECROFT LANE COCKEYSVILLE, MD 21030	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **MT. WASHINGTON PEDIATRIC HOSPITAL, INC.**

Employer identification number
52-0591483

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	MWPH FOUNDATION ----- 7 SAINT PAUL STREET, SUITE 710 ----- BALTIMORE, MD 21202 -----	\$ ----- 366,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number
52-0591483

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2013

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities and their tax consequences.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Question, Amount. Rows include questions about dues, non-deductible lobbying expenditures, and carryover.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C: LOBBYING ACTIVITIES

PART II-B, 1I

THE ORGANIZATION DOES NOT ENGAGE IN ANY DIRECT LOBBYING ACTIVITIES. THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE MARYLAND HOSPITAL ASSOCIATION (MHA), THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND THE CHILDREN'S HOSPITAL ASSOCIATION (CHA). MHA, AHA AND CHA ENGAGE IN MANY SUPPORT ACTIVITIES INCLUDING LOBBYING AND ADVOCATING FOR THEIR MEMBER HOSPITALS. THE MHA, AHA AND CHA REPORTED THAT 6.22%, 23.65% AND 15.06% OF MEMBER DUES WERE USED FOR LOBBYING PURPOSES AND AS SUCH, THE ORGANIZATION HAS REPORTED THIS AMOUNT ON SCHEDULE C PART IV AS LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: MT. WASHINGTON PEDIATRIC HOSPITAL, INC. Employer identification number: 52-0591483

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Questions 1a-1b and 2a-2b regarding art and historical treasures collections, including dollar amounts.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages in lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ASSETS LIMITED AS TO USE	3,894,481.
(2) ECONOMIC INTEREST IN MWPF	17,567,921.
(3) OTHER	558,304.
(4) OTHER ACCOUNTS RECEIVABLE	458,090.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	22,478,796.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ADVANCES FROM 3RD PARTY PAY	4,395,562.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,395,562.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Series of horizontal dashed lines for providing supplemental information.

Part XIII Supplemental Information (continued)

LIABILITY FOR UNCERTAIN TAX POSITION (ASC 740)

SCHEDULE D, PART X, LINE 2

THE HOSPITAL IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED UNDER SECTION 501C(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THE FOUNDATION IS A NOT-FOR-PROFIT CORPORATION FORMED UNDER THE LAWS OF THE STATE OF MARYLAND, ORGANIZED FOR CHARITABLE PURPOSES AND RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501C(3) OF THE CODE.

THE CORPORATION FOLLOWS A THRESHOLD OF MORE LIKELY THAN NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MANAGEMENT DOES NOT BELIEVE THAT THERE ARE ANY UNRECOGNIZED TAX BENEFITS THAT SHOULD BE RECOGNIZED.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF (event type)	STORYBOOK GALA (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	66,600.	209,485.		276,085.
	2 Less: Contributions	43,956.	138,260.		182,216.
	3 Gross income (line 1 minus line 2)	22,644.	71,225.		93,869.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	23,454.	98,655.		122,109.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				122,109.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-28,240.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2013

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**

▶ **Attach to Form 990. ▶ See separate instructions.**

▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500.0000</u> %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			176,112.		176,112.	.34
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			176,112.		176,112.	.34
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			182,124.		182,124.	.35
f Health professions education (from Worksheet 5)			144,678.		144,678.	.22
g Subsidized health services (from Worksheet 6)			1,089,845.	518,980.	570,865.	1.11
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			60,951.		60,951.	.12
j Total Other Benefits			1,477,598.	518,980.	958,618.	1.80
k Total . Add lines 7d and 7j.			1,653,710.	518,980.	1,134,730.	2.14

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			34,098.		34,098.	.06
4 Environmental improvements						
5 Leadership development and training for community members			920.		920.	
6 Coalition building			149,562.		149,562.	.29
7 Community health improvement advocacy			19,471.		19,471.	.04
8 Workforce development						
9 Other						
10 Total			204,051.		204,051.	.39

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	542,351.
6 Enter Medicare allowable costs of care relating to payments on line 5	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	X
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	X

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number

1 MT. WASHINGTON PEDIATRIC HOSPITAL INC
1708 W. ROGERS AVENUE
BALTIMORE MD 21209

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X		X							

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group MT. WASHINGTON PEDIATRIC HOSPITAL INC

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 8c regarding CHNA completion, data collection, and implementation strategies.

Part V Facility Information (continued)

Financial Assistance Policy MT. WASHINGTON PEDIATRIC HOSPITAL INC

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u>2</u> <u>0</u> <u>0</u> % If "No," explain in Section C the criteria the hospital facility used.	X	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>5</u> <u>0</u> <u>0</u> % If "No," explain in Section C the criteria the hospital facility used.	X	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information (continued) MT. WASHINGTON PEDIATRIC HOSPITAL INC

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a** Notified individuals of the financial assistance policy on admission
 - b** Notified individuals of the financial assistance policy prior to discharge
 - c** Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why:	X	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
21	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
22	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

MT. WASHINGTON PEDIATRIC HOSPITAL 1

SCHEDULE H, PART V, SECTION B

LINE 20D - ALL PATIENTS ARE CHARGED STATE REGULATED RATES, REGARDLESS OF THEIR ABILITY TO PAY.

LINE 22 - AS PREVIOUSLY DISCUSSED IN AN EARLIER SCHEDULE H NARRATIVE, THE STATE OF MARYLAND IS A UNIQUE STATE IN REGARD TO THE PROVISION OF HEALTH CARE SERVICES AND THEIR RELATED CHARGES BY HOSPITALS. ALL HOSPITAL CHARGES PROCESSED TO ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, ARE SET THROUGH MARYLAND'S HEALTH SERVICES COST COMMISSION. ACCORDINGLY, ALL HOSPITAL CHARGES ARE NOT GROSS CHARGES AS DEFINED BY THE IRS UNDER INTERNAL REVENUE CODE SECTION 501(R)(5)(B).

Part V Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

RELATED ORGANIZATION REPORT

SCHEDULE H, PART I, LINE 6A

AN ANNUAL COMMUNITY BENEFIT REPORT IS PREPARED FOR EACH FISCAL YEAR
ENDING JUNE 30. THIS REPORT IS SUBMITTED TO THE HEALTH SERVICES COST
REVIEW COMMISSION (HSCRC), A STATE REGULATORY AGENCY, BY DECEMBER 31 OF
EACH YEAR.

IN ADDITION, THE ANNUAL COMMUNITY BENEFIT REPORT IS AVAILABLE UPON
REQUEST AT THE ENTITY'S CORPORATE OFFICES.

COSTING METHODOLOGY

SCHEDULE H, PART I, LINE 7

SCHEDULE H, LINE 7A, COLUMN (D)

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL
PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES
COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING
PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME
AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

SCHEDULE H, LINE 7B, COLUMNS (C) THROUGH (F)

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE. COMMUNITY BENEFIT EXPENSES ARE EQUAL TO MEDICAID REVENUES IN MARYLAND, AS SUCH, THE NET EFFECT IS ZERO. ADDITIONALLY, NET REVENUES FOR MEDICAID SHOULD REFLECT THE FULL IMPACT ON THE HOSPITAL OF ITS SHARE OF THE MEDICAID ASSESSMENT.

Part VI Supplemental Information

Provide the following information.

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SCHEDULE H, LINE 7F COLUMN (C)

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

SCHEDULE H, LINE 7F COLUMN (D)

MARYLAND'S REGULATORY SYSTEM CREATES A UNIQUE PROCESS FOR HOSPITAL PAYMENT THAT DIFFERS FROM THE REST OF THE NATION. THE HEALTH SERVICES COST REVIEW COMMISSION, (HSCRC) DETERMINES PAYMENT THROUGH A RATE SETTING PROCESS AND ALL PAYORS, INCLUDING GOVERNMENTAL PAYORS, PAY THE SAME

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AMOUNT FOR THE SAME SERVICES DELIVERED AT THE SAME HOSPITAL. MARYLAND'S
UNIQUE ALL PAYOR SYSTEM INCLUDES A METHOD FOR REFERENCING UNCOMPENSATED
CARE IN EACH PAYORS' RATES, WHICH DOES NOT ENABLE MARYLAND HOSPITALS TO
BREAKOUT ANY OFFSETTING REVENUE RELATED TO UNCOMPENSATED CARE.

COMMUNITY BUILDING ACTIVITIES

SCHEDULE H, PART II

COALITION BUILDING: PREMATURE INFANT HEALTH NETWORK, BALTIMORE CITY
INFANTS & TODDLERS PROGRAM

MWPH HAS TAKEN A PROACTIVE ROLE IN COMBATING LOW-BIRTH WEIGHT AND SUDDEN
INFANT DEATH SYNDROME BY PARTICIPATING AS MEMBERS OF THE PREMATURE INFANT
HEALTH NETWORK. OUR PARTNERSHIP WITH BALTIMORE CITY HEALTH DEPARTMENTS
B'MORE HEALTHY BABIES CAMPAIGN WAS DEVELOPED TO ADDRESS BALTIMORE CITY'S
HIGH RATE OF INFANT DEATHS, AMONG THE WORST IN AMERICA. IN 2009 ALONE,
MORE THAN 120 INFANTS IN BALTIMORE UNDER THE AGE OF ONE DIED, WITH MANY
OF THE DEATHS BEING PREVENTABLE. THE CITY ALSO HAS A HIGH RATE OF BABIES
BORN PRE-TERM AND UNDERWEIGHT - KEY FACTORS IN INFANT MORTALITY.

Part VI Supplemental Information

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STAFF ACTIVELY PARTICIPATES IN COMMUNITY MEETINGS AND ADVISORY GROUPS TO PROVIDE GUIDANCE IN THE DEVELOPMENT OF EDUCATIONAL MATERIALS AND OUTREACH INITIATIVES.

DIABETES CAMP

THE EXTREME WEEKEND FOR CHILDREN WITH DIABETES CAMP IS A CAMP DEVELOPED TO ASSIST FAMILY MEMBERS OF CHILDREN WITH DIABETES IN COPING WITH THE LIFESTYLE CHANGES THAT ACCOMPANY LIVING WITH SOMEONE WITH THE DISEASE. STAFF DEDICATED SEVERAL HOURS IN PREPARING AND PRESENTING WORKSHOPS TO CHILDREN WITH DIABETES AND THEIR FAMILIES. IN ADDITION, OUR STAFF PSYCHOLOGIST WAS ALSO AVAILABLE AS A RESOURCE FOR SUPPORT GROUPS FOR TYPE 1 DIABETES PEDIATRIC SUPPORT GROUP.

COMMUNITY HEALTH IMPROVEMENT AND ADVOCACY: NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS (NACHRI) OBESITY TASK FORCE, BRAIN INJURY ASSOCIATION OF MD PLANNING COMMITTEE

Part VI Supplemental Information

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NACHRI OBESITY TASK FORCE/WEIGH SMART AND WEIGH SMART JR.

MWPH WERE ACTIVE PARTICIPANTS IN THE NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS OBESITY FOCUS GROUP. OUR CENTER WAS CHOSEN AS ONE OF 16 PROGRAMS NATIONWIDE TO PARTICIPATE IN THIS IMPORTANT ENDEAVOR. FINDINGS FROM THE WORK GROUP WILL BE PUBLISHED IN LARGE NATIONAL SCIENTIFIC JOURNALS THIS YEAR WITH PROGRAM STAFF BEING RECOGNIZED AS AUTHORS ON THESE IMPORTANT DOCUMENTS. OUR PRESIDENT AND CEO, SHELDON STEIN AND OUR MEDICAL DIRECTOR, DR. RICHARD KATZ, SERVE AS MEMBERS OF THE BOARD AND ADVOCACY AND LEADERSHIP COUNCILS FOR NATIONAL ASSOCIATION CHILDREN'S HOSPITALS RELATED INSTITUTIONS.

THE MT WASHINGTON PEDIATRIC HOSPITAL (MWPH) CENTER FOR PEDIATRIC WEIGHT MANAGEMENT AND HEALTHY LIVING (CENTER) EXPANDED THIS PAST FISCAL YEAR AND OFFERS SEVERAL COMPREHENSIVE, MULTI-DISCIPLINARY PROGRAMS FOR PEDIATRIC WEIGHT MANAGEMENT. THE CENTER NOW INCLUDES MEDICAL MANAGEMENT OF BOTH MEDICAL AND SURGICAL WEIGHT MANAGEMENT OPTIONS FOR CHILDREN AND

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ADOLESCENTS AND SERVES PATIENTS AGES TWO TO 18. MEDICALLY SUPERVISED WEIGHT MANAGEMENT PROGRAMS INCLUDE WEIGH SMART, AS WELL AS, THE NEWLY CREATED WEIGH SMART JR. PROGRAM. THE WEIGHT SMART JR. PROGRAM WAS A DIRECT REFLECTION OF THE INPUT FROM OUR COMMUNITY PHYSICIANS IN THE COMMUNITY NEEDS ASSESSMENT. MANY PHYSICIANS INDICATED 8 (YEARS OF AGE) IS TOO LATE IN REGARDS TO THE BEST AGE FOR INTERVENTION WHEN DEALING WITH OBESITY. THIS PROGRAM WAS ADDED TO AUGMENT THE WEIGH SMART PROGRAM AND PROVIDE CONTINUITY OF CARE FOR CHILDREN OR ALL AGES.

DURING FY10, THE CENTER EVALUATED OVER 200 NEW PATIENTS AND COMPLETED MORE THAN 80 FOLLOW-UP APPOINTMENTS. TOTAL PROGRAM VISITS INCREASED BY FORTY-THREE PERCENT OVER FISCAL YEAR 2009 FROM 2,424 TO 2,642 TOTAL PROGRAM VISITS. THE STAFF HAS PRESENTED FINDINGS AT SEVERAL NATIONAL AND REGIONAL CONFERENCES. THE STAFF WAS INVITED TO PROVIDE ADDITIONAL PRESENTATIONS TO SCHOOL GROUPS IN THE FALL OF 2010.

BRAIN INJURY ASSOCIATION OF MD PLANNING COMMITTEE

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MWPH PARTICIPATION IN THE BRAIN INJURY ASSOCIATION OF MARYLAND'S PLANNING COMMITTEE INCLUDED PROVIDING A PRESENTATION AT ITS ANNUAL CONFERENCE, AS WELL AS, ACCESS TO SEVERAL MEMBERS OF OUR STAFF AS CLINICAL RESOURCES. THIS INCLUDED, BUT WAS NOT LIMITED TO, A NEUROPSYCHOLOGIST , A SPEECH THERAPIST, AN OCCUPATIONAL THERAPIST AND A POST-DOCTORAL FELLOW IN CLINICAL NEUROPSYCHOLOGY. THERE WERE ALSO PRESENTATIONS AND OUTREACH TO LOCAL SCHOOLS AND PROFESSIONAL GROUPS ON TRAUMATIC BRAIN INJURY AND CONCUSSION MANAGEMENT, AS WELL AS, A SUPPORT GROUP WHERE A PSYCHOLOGIST WAS PROVIDED AS A RESOURCE FOR FAMILIES AND PATIENTS WHO ARE COPING WITH TRAUMATIC BRAIN INJURY (TBI).

BAD DEBT EXPENSE

SCHEDULE H, PART III, LINE 4

THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED

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UPON HISTORICAL WRITE OFF EXPERIENCE BY PAYOR CATEGORY. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE MODIFICATIONS TO THE PROVISION FOR BAD DEBTS AND TO ESTABLISH AN ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES. AFTER COLLECTION OF AMOUNTS DUE FROM INSURERS, THE CORPORATION FOLLOWS INTERNAL GUIDELINES FOR PLACING CERTAIN PAST DUE BALANCES WITH COLLECTION AGENCIES.

MEDICARE COST REPORT

SCHEDULE H, PART III, LINE 8

IN MARYLAND, THE HEALTH SERVICES COST REVIEW COMMISSION (HSCRC) STARTED SETTING HOSPITAL RATES IN 1974. AT THAT TIME, THE HSCRC APPROVED RATES APPLIED ONLY TO COMMERCIAL INSURERS. IN 1977, THE HSCRC NEGOTIATED A WAIVER FROM MEDICARE HOSPITAL PAYMENT RULES FOR MARYLAND HOSPITALS TO BRING THE FEDERAL MEDICARE PAYMENTS UNDER HSCRC CONTROL.

MEDICARE REIMBURSES MARYLAND HOSPITALS ACCORDING TO RATES ESTABLISHED BY THE HSCRC AS LONG AS THE STATE CONTINUES TO MEET A TWO-PART TEST. THIS TWO-PART WAIVER TEST ALLOWS MEDICARE TO PARTICIPATE IN THE MARYLAND

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SYSTEM AS LONG AS TWO CONDITIONS ARE MET.

- ALL OTHER PAYERS PARTICIPATING IN THE SYSTEM PAY HSCRC SET RATES AND
- THE RATE OF GROWTH IN MEDICARE PAYMENTS TO MARYLAND HOSPITALS FROM 1981 TO THE PRESENT IS NOT GREATER THAN THE RATE OF GROWTH IN MEDICARE PAYMENTS TO HOSPITALS NATIONALLY OVER THE SAME TIME FRAME.

COLLECTION PRACTICES

SCHEDULE H, PART III, LINE 9B

THE ORGANIZATION EXPECTS PAYMENT AT THE TIME THE SERVICE IS PROVIDED. OUR POLICY IS TO COMPLY WITH ALL STATE AND FEDERAL LAW AND THIRD PARTY REGULATIONS AND TO PERFORM ALL CREDIT AND COLLECTION FUNCTIONS IN A DIGNIFIED AND RESPECTFUL MANNER. EMERGENCY SERVICES WILL BE PROVIDED TO ALL PATIENTS REGARDLESS OF ABILITY TO PAY. FINANCIAL ASSISTANCE IS AVAILABLE FOR PATIENTS BASED ON FINANCIAL NEED AS DEFINED IN THE FINANCIAL ASSISTANCE POLICY. THE ORGANIZATION DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, CREED, SEX OR ABILITY TO PAY.

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PATIENTS WHO ARE UNABLE TO PAY MAY REQUEST A FINANCIAL ASSISTANCE APPLICATION AT ANY TIME PRIOR TO SERVICE OR DURING THE BILLING AND COLLECTION PROCESS. THE ORGANIZATION MAY REQUEST THE PATIENT TO APPLY FOR MEDICAL ASSISTANCE PRIOR TO APPLYING FOR FINANCIAL ASSISTANCE. THE ACCOUNT WILL NOT BE FORWARDED FOR COLLECTION DURING THE MEDICAL ASSISTANCE APPLICATION PROCESS OR THE FINANCIAL ASSISTANCE APPLICATION PROCESS.

COMMUNITY HEALTH CARE NEEDS ASSESSMENT
SCHEDULE H, PART VI, LINE 2
TO COMPLETE A COMPREHENSIVE ASSESSMENT OF THE NEEDS OF THE COMMUNITY, THE ASSOCIATION FOR COMMUNITY HEALTH IMPROVEMENT'S (ACHI) 6-STEP COMMUNITY HEALTH ASSESSMENT PROCESS WAS UTILIZED AS AN ORGANIZING METHODOLOGY. THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) COMMUNITY BENEFIT TEAM (CBT) SERVED AS THE LEAD TEAM TO CONDUCT THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WITH INPUT FROM OTHER UNIVERSITY OF MARYLAND MEDICAL SYSTEM BALTIMORE CITY-BASED HOSPITALS, COMMUNITY LEADERS, THE ACADEMIC COMMUNITY, THE PUBLIC, HEALTH EXPERTS, AND THE BALTIMORE CITY HEALTH

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DEPARTMENT. MWPH ADOPTED THE FOLLOWING ASSOCIATION OF COMMUNITY HEALTH INITIATIVES 6-STEP PROCESS TO LEAD THE ASSESSMENT PROCESS AND THE ADDITIONAL 5-COMPONENT ASSESSMENT AND ENGAGEMENT STRATEGY TO LEAD THE DATA COLLECTION METHODOLOGY. ACCORDING TO THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA), HOSPITALS MUST PERFORM A COMMUNITY HEALTH NEEDS ASSESSMENT EITHER FISCAL YEAR 2011, 2012, OR 2013, ADOPT AN IMPLEMENTATION STRATEGY TO MEET THE COMMUNITY HEALTH NEEDS IDENTIFIED, AND BEGINNING IN 2013, PERFORM AN ASSESSMENT AT LEAST EVERY THREE YEARS THEREAFTER. THE NEEDS ASSESSMENT MUST TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, AND MUST BE MADE WIDELY AVAILABLE TO THE PUBLIC. FOR THE PURPOSES OF THIS REPORT, A COMMUNITY HEALTH NEEDS ASSESSMENT IS A WRITTEN DOCUMENT DEVELOPED BY A HOSPITAL FACILITY (ALONE OR IN CONJUNCTION WITH OTHERS) THAT UTILIZES DATA TO ESTABLISH COMMUNITY HEALTH PRIORITIES, AND INCLUDES THE FOLLOWING:

1. A DESCRIPTION OF THE PROCESS USED TO CONDUCT THE ASSESSMENT.

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2. WHO THE HOSPITAL HAS COLLABORATED WITH TO COMPLETE THE ASSESSMENT

3. HOW THE HOSPITAL TOOK INTO ACCOUNT INPUT FROM COMMUNITY MEMBERS AND PUBLIC HEALTH EXPERTS

4. A DESCRIPTION OF THE COMMUNITY SERVED

5. A DESCRIPTION OF THE HEALTH NEEDS IDENTIFIED THROUGH THE ASSESSMENT PROCESS.

DATA WAS COLLECTED FROM THE FIVE MAJOR AREAS ILLUSTRATED ABOVE TO COMPLETE A COMPREHENSIVE ASSESSMENT OF THE COMMUNITY'S NEEDS. THE MWPH PARTICIPATES IN A WIDE VARIETY OF LOCAL COALITIONS INCLUDING, SEVERAL SPONSORED BY THE BALTIMORE CITY HEALTH DEPARTMENT, CANCER COALITION, BALTIMORE HEALTHY START PROGRAM, KIDS IN SAFETY SEATS (KISS), COALITION TO END LEAD POISONING, AS WELL AS PARTNERSHIPS WITH MANY COMMUNITY-BASED ORGANIZATIONS LIKE CHILDREN'S HOSPITAL ASSOCIATION (CHA), TRAUMATIC BRAIN INJURY SOCIETY, INJURY FREE COALITION FOR KIDS, GREATER BALTIMORE ASTHMA ALLIANCE (GBAA), AMERICAN DIABETES ASSOCIATION (ADA), AMERICAN HEART ASSOCIATION (AHA), B'MORE HEALTHY BABIES, TEXT4BABY, AND SAFE KIDS TO NAME A FEW. TO EFFECTIVELY REACH THE MISSION, MWPH CONDUCTED A FORMAL

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COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) DURING FY 2012. DESPITE THE LARGER REGIONAL PATIENT MIX OF MWPB, FOR PURPOSES OF COMMUNITY BENEFITS PROGRAMMING AND THIS REPORT, THE COMMUNITY BENEFIT SERVICE AREA (CBSA) OF MWPB IS WITHIN BALTIMORE CITY.

THE MT WASHINGTON PEDIATRIC HOSPITAL SERVES A LARGE PORTION OF BALTIMORE COUNTY AND BALTIMORE CITY; WE DRAW 59% OF OUR DISCHARGES FROM A DEFINED MARKET AREA WITH FOUR SUB-AREAS WITHIN THE BALTIMORE COUNTY AND BALTIMORE CITY. OUR CORE MARKET IS DEFINED AS 13 CONTIGUOUS ZIP CODES IN BALTIMORE CITY FROM WHICH WE DRAW 54% OF OUR DISCHARGES. THESE 13 TARGETED ZIP CODES ARE THE PRIMARY COMMUNITY BENEFIT SERVICE AREA. (CBSA) AND COMPRISE THE GEOGRAPHIC SCOPE OF THIS ASSESSMENT.

THE COMMUNITY'S PERSPECTIVE WAS OBTAINED THROUGH TWO SURVEYS OFFERED TO THE PUBLIC DURING HEALTH FAIRS THROUGHOUT BALTIMORE CITY. A 6-ITEM SURVEY ASKED RESPONDENTS TO IDENTIFY THEIR TOP HEALTH CONCERNS AND THEIR TOP BARRIERS IN ACCESSING HEALTH CARE. A LONGER SURVEY WAS ALSO CREATED AND POSTED ONLINE ON THE PUBLIC WEBSITE.

Part VI Supplemental Information

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METHODS

A 6-ITEM WRITTEN SURVEY DISTRIBUTED TO HEALTH FAIR PARTICIPANTS IN FY2012 (SHORT FORM), N = 871 AND A 25-ITEM ONLINE SURVEY POSTED TO WWW.UMM.EDU WEBSITE FOR COMMUNITY TO COMPLETE (LONG FORM). THE COMMUNITY ADVOCACY & INJURY PREVENTION COORDINATOR ATTENDED NEIGHBORHOOD MEETINGS HOSTED BY THE BALTIMORE CITY HEALTH DEPARTMENT WHICH DISCUSSED MAJOR HEALTH NEEDS IN DISCREET BALTIMORE NEIGHBORHOODS WITHIN MWPH'S CBSA.

RESULTS

ANALYSIS BY CBSA TARGETED ZIP CODES REVEALED THE SAME TOP HEALTH CONCERNS AND TOP HEALTH BARRIERS WITH LITTLE DEVIATION FROM THE OVERALL BALTIMORE CITY DATA. THE TOP HEALTH CONCERNS VOCALIZED BY THE COMMUNITY THROUGH SURVEY WERE OVERWEIGHT/OBESITY, HIGH BLOOD PRESSURE/STROKE, DIABETES/SUGAR, SMOKING CESSATION/DRUG AC, AND HEART DISEASE. THEY ALSO FELT THAT THE BARRIERS TO ACCESSING HEALTH CARE SERVICES INCLUDED, RESPECTIVELY, NO HEALTH INSURANCE, (SERVICE) TOO EXPENSIVE, INACCESSIBLE TRANSPORTATION, LOCAL DOCTORS NOT PART OF HEALTH INSURANCE PLAN AND THAT

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THE DOCTOR WAS TOO FAR FROM HOME.

HEALTH EXPERTS

METHODS

A COMMUNITY STAKEHOLDER MEETING WAS HOSTED THAT INCLUDED COMMUNITY ORGANIZERS, FAITH-BASED ORGANIZATION LEADERS, COMMUNITY-BASED NON-PROFIT ORGANIZATION MEMBERS/LEADERS. ATTENDEES REVIEWED & INCLUDED NATIONAL PREVENTION STRATEGY PRIORITIES, MARYLAND STATE HEALTH IMPROVEMENT PLAN (SHIP) INDICATORS, AND HEALTHY BALTIMORE 2015 PLAN FROM THE BALTIMORE CITY HEALTH DEPARTMENT.

RESULTS

AS A RECOMMENDATION, A NATIONAL PREVENTION STRATEGY WITH 7 PRIORITY AREAS ESTABLISHED, A STATE HEALTH IMPROVEMENT PROCESS (SHIP) WHICH INCLUDES 39 OBJECTIVES IN 6 VISION AREAS FOR THE STATE, INCLUDES TARGETS FOR BALTIMORE CITY, AND HEALTHY BALTIMORE 2015 THAT IDENTIFIES 10 PRIORITY AREAS FOR HEALTH DISPARITY. HEALTH EXPERTS FROM UNIVERSITY OF MARYLAND AT BALTIMORE CAMPUS PANEL FOCUS GROUP TOP ACTION ITEMS ALSO INCLUDED

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IMPROVE COMMUNICATION AND SYNERGY ACROSS CAMPUS SCHOOLS AND MWPH. INCLUDE MWPH ON COMMUNITY ACTION COUNCIL AND CONSIDER INTENSIVELY WORKING WITH ONE NEIGHBORHOOD TO IMPROVE HEALTH AND SOCIAL DETERMINATES OF HEALTH OUTCOMES. AS WELL AS TO CONTINUE TO LOOK FOR WAYS TO PARTNER, COLLABORATE AND SUPPORT EACH OTHER.

WE THEN ALIGNED FEDERAL, STATE, AND LOCAL HEALTH PRIORITIES; NATIONAL PREVENTION STRATEGY (NPS): 2011 PRIORITY AREAS, MARYLAND STATE HEALTH IMPROVEMENT PLAN (SHIP) 2011, AND THE HEALTHY BALTIMORE 2015 FOR EXAMPLE, TOBACCO FREE LIVING (NPS) ALIGNED PERFECTLY WITH THE PRIORITIES IDENTIFIED BY THE SHIP PRIORITY PREVENTING DRUG ABUSE & EXCESSIVE ALCOHOL USE AND HEALTHY BALTIMORE 2015'S BE TOBACCO FREE. THE NATIONAL HEALTH PRIORITY AREAS THAT WERE IDENTIFIED FOR MWPH ARE TOBACCO FREE LIVING PREVENTING DRUG ABUSE & EXCESSIVE ALCOHOL USE, HEALTHY EATING, ACTIVE LIVING, INJURY & VIOLENCE FREE LIVING, REPRODUCTIVE & SEXUAL HEALTH, AND MENTAL & EMOTIONAL WELL-BEING. THE STATE HEALTH PRIORITY AREAS THAT WERE IDENTIFIED INCLUDED HEALTHY BABIES, HEALTHY SOCIAL ENVIRONMENTS, SAFE PHYSICAL ENVIRONMENTS, INFECTIOUS DISEASES,

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CHRONIC DISEASES AND HEALTHCARE ACCESS. ON THE LOCAL LEVEL, THE PRIORITY AREAS IDENTIFIED BY HEALTHY BALTIMORE 2015 WERE PROMOTE ACCESS TO QUALITY HEALTH CARE FOR ALL, BE TOBACCO FREE, REDESIGN COMMUNITIES TO PREVENT OBESITY, PROMOTE HEART HEALTH, STOP THE SPREAD OF HIV & OTHER SEXUALLY TRANSMITTED INFECTIONS, RECOGNIZE & TREAT MENTAL HEALTH NEEDS, REDUCE DRUG USE & ALCOHOL USE, ENCOURAGE EARLY DETECTION OF CANCER, PROMOTE HEALTHY CHILDREN & ADOLESCENTS AND CREATING HEALTH PROMOTING NEIGHBORHOODS.

FAITH-BASED COMMUNITY LEADERS

OUR ORGANIZATION COMMUNITY STAKEHOLDER MEETING OF FAITH-BASED LEADERS TO INCLUDE THEIR COMMUNITIES' PERSPECTIVES ON HEALTH NEEDS (OCTOBER 2011) AND PARTICIPATED IN UMMS COMMUNITY PARTNER FOCUS GROUP (APRIL 2012). RESULTS INCLUDED THE MOST SERIOUS PROBLEM IDENTIFIED (44.8% REPORTED) THE NEED FOR AFFORDABLE HEALTH CARE. THE NEXT SERIOUS PROBLEM IDENTIFIED (35.7% REPORTED) WAS THE ISSUE OF VIOLENCE WITH IN THE COMMUNITY. THE NEXT THREE PROBLEMS, THAT WERE TO BE CONSIDERED OF MODERATE IMPORTANCE INCLUDED, RESPECTIVELY, BEHAVIORAL/MENTAL ILLNESS, HEART DISEASE AND

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DIABETES. WE ALSO FOUND OUT THAT 86.7% OF THE COMMUNITY GETS THEIR HEALTH INFORMATION FROM FAMILY & FRIENDS, 63% FROM INTERNET AND 60% FROM CHURCH.

AFTER GATHERING THIS DATA, THREE ACTION ITEMS WERE PROPOSED; A MOBILE UNIT THAT WOULD PROVIDE SCREENINGS, HEALTH EDUCATION, AND ENCOURAGE COMMUNITY ENGAGEMENT. POSSIBLY SETTING UP A GREEN NEIGHBORHOOD AS A MODEL, AND FOCUSING ON PROVIDING MORE MENTAL HEALTH SERVICES.

SOCIAL DETERMINANTS OF HEALTH (SDOH)

DEFINED BY THE WORLD HEALTH ORGANIZATION AS: THE CONDITIONS IN WHICH PEOPLE ARE BORN, GROW, LIVE, WORK AND AGE, TO IDENTIFY SDOH, MWPH

REVIEWED DATA FROM IDENTIFIED 2011 BALTIMORE CITY HEALTH DEPARTMENT'S BALTIMORE CITY NEIGHBORHOOD PROFILES, BALTIMORE CITY FOOD DESERT MAP. WE CONCLUDED THAT THE TOP SDOHS WERE LOW EDUCATION ATTAINMENT (52.6% W/ LESS THAN HS DEGREE), HIGH POVERTY RATE (15.7%)/HIGH UNEMPLOYMENT RATE (11%), VIOLENCE, AND POOR FOOD ENVIRONMENT.

HEALTH STATISTICS/INDICATORS

METHODS

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MWPH REGULARLY REVIEWED LOCAL DATA SOURCES SUCH AS, THE BALTIMORE CITY HEALTH STATUS REPORT, THE BALTIMORE HEALTH DISPARITIES REPORT CARD, AND THE BALTIMORE NEIGHBORHOOD PROFILES. NATIONAL TRENDS AND DATA SOURCES INCLUDED HEALTHY PEOPLE 2020, CENTERS FOR DISEASE CONTROL REPORTS/UPDATES AND F AS IN FAT: EXECUTIVE SUMMARY (RWJF).

RESULTS

THIS PROVIDED THE HOSPITAL WITH THE BALTIMORE CITY HEALTH OUTCOMES SUMMARY FOR CBSA-TARGETED ZIP CODES, AS WELL AS TOP 3 CAUSES OF DEATH IN BALTIMORE CITY IN RANK ORDER, RESPECTIVELY, HEART DISEASE, CANCER, STROKE, CAUSE OF PEDIATRIC DEATHS, AND HIGH RATE OF INFANT MORTALITY,

SELECTING PRIORITIES

ANALYSIS OF ALL QUANTITATIVE AND QUALITATIVE DATA DESCRIBED IN THE ABOVE SECTION IDENTIFIED THESE TOP SIX AREAS OF NEED WITHIN BALTIMORE CITY.

THESE TOP PRIORITIES REPRESENT THE INTERSECTION OF DOCUMENTED UNMET COMMUNITY HEALTH NEEDS AND THE ORGANIZATION'S KEY STRENGTHS AND MISSION.

THESE PRIORITIES WERE IDENTIFIED AND APPROVED BY THE MWPH COMMUNITY

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EMPOWERMENT TEAM:

- 1.) OBESITY/HEART DISEASE/DIABETES
- 2.) MATERNAL & CHILD HEALTH
- 3.) VIOLENCE PREVENTION
- 4.) LEAD POISONING

DOCUMENTING AND COMMUNICATING RESULTS

THE COMPLETION OF THIS COMMUNITY HEALTH NEEDS ASSESSMENT MARKS A MILESTONE IN COMMUNITY INVOLVEMENT AND PARTICIPATION WITH INPUT FROM COMMUNITY LEADERS, THE ACADEMIC COMMUNITY, THE GENERAL PUBLIC, UMMS BALTIMORE CITY-BASED HOSPITALS, JOHNS HOPKINS UNIVERSITY HOSPITALS (JHUH) AND HEALTH EXPERTS. THIS REPORT WAS POSTED ON THE MWPH WEBSITE UNDER THE COMMUNITY ADVOCACY & INJURY PREVENTION PROGRAM. HIGHLIGHTS OF THIS REPORT WERE DOCUMENTED IN THE COMMUNITY BENEFITS ANNUAL REPORT FOR FY'12.

REPORTS AND DATA WAS SHARED WITH OUR COMMUNITY PARTNERS AND COMMUNITY LEADERS AS WE WORK TOGETHER TO MAKE A POSITIVE DIFFERENCE IN OUR

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COMMUNITY BY EMPOWERING AND BUILDING HEALTHY COMMUNITIES.

PLANNING FOR ACTION AND MONITORING PROGRESS

PRIORITIES & IMPLEMENTATION PLANNING

BASED ON THE ABOVE ASSESSMENT, FINDINGS, AND PRIORITIES, THE MWPH AGREED TO INCORPORATE OUR IDENTIFIED PRIORITIES WITH MARYLAND'S STATE HEALTH IMPROVEMENT PLAN (SHIP). USING THE SHIP AS A FRAMEWORK, THE FOLLOWING MATRIX WAS CREATED TO SHOW THE INTEGRATION OF OUR IDENTIFIED PRIORITIES AND THEIR ALIGNMENT WITH THE SHIP'S VISION AREAS (SEE TABLE 1). MWPH WILL ALSO TRACK THE PROGRESS WITH LONG-TERM OUTCOME OBJECTIVES MEASURED THROUGH THE MARYLAND'S DEPARTMENT OF HEALTH & MENTAL HYGIENE (DHMH).

SHORT-TERM PROGRAMMATIC OBJECTIVES, INCLUDING PROCESS AND OUTCOME MEASURES WILL BE MEASURED ANNUALLY BY MWPH FOR EACH PRIORITY AREAS THROUGH THE RELATED PROGRAMMING. ADJUSTMENTS WILL BE MADE TO ANNUAL PLANS AS OTHER ISSUES EMERGE OR THROUGH OUR ANNUAL PROGRAM EVALUATION.

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IN ADDITION TO THE IDENTIFIED STRATEGIC PRIORITIES FROM THE CHNA, MWPH EMPLOYS THE FOLLOWING PRIORITIZATION FRAMEWORK WHICH IS STATED IN THE MWPH COMMUNITY OUTREACH PLAN. BECAUSE MWPH SERVES THE REGION AND STATE, PRIORITIES MAY NEED TO BE ADJUSTED RAPIDLY TO ADDRESS AN URGENT OR EMERGENT NEED IN THE COMMUNITY, (I.E. DISASTER RESPONSE OR INFECTIOUS DISEASE ISSUE). THE CHNA PRIORITIZED NEEDS FOR THE SUSTAINED AND STRATEGIC RESPONSE CATEGORIES AND THE RAPID AND URGENT RESPONSE CATEGORIES' NEEDS WILL BE DETERMINED ON AN AS-NEEDED BASIS.

MWPH WILL PROVIDE LEADERSHIP AND SUPPORT WITHIN THE COMMUNITIES SERVED AT VARIETY OF RESPONSE LEVELS. RAPID AND URGENT RESPONSE LEVELS WILL RECEIVE PRIORITY OVER SUSTAINED AND STRATEGIC INITIATIVES AS WARRANTED.

RAPID RESPONSE - EMERGENCY RESPONSE TO LOCAL, NATIONAL, AND INTERNATIONAL DISASTERS, I.E. HAITI DISASTER, WEATHER DISASTERS - EARTHQUAKE, BLIZZARDS, TERRORIST ATTACK

URGENT RESPONSE - URGENT RESPONSE TO EPISODIC COMMUNITY NEEDS, I.E. H1N1/

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FLU RESPONSE

SUSTAINED RESPONSE - PROVIDING AN ONGOING RESPONSE TO LONG-TERM COMMUNITY NEEDS; I.E. OBESITY, INJURY PREVENTION EDUCATION, AND HEALTH SCREENINGS.

STRATEGIC RESPONSE - LONG-TERM STRATEGIC LEADERSHIP AT LEGISLATIVE AND CORPORATE LEVELS TO LEVERAGE RELATIONSHIPS TO PROMOTE HEALTH-RELATED POLICY OR REFORM AND BUILD KEY NETWORKS

FUTURE COMMUNITY HEALTH NEEDS ASSESSMENTS WILL BE CONDUCTED EVERY THREE YEARS AND STRATEGIC PRIORITIES WILL BE RE-EVALUATED THEN. PROGRAMMATIC EVALUATIONS WILL OCCUR ON AN ONGOING BASIS AND ANNUALLY, AND ADJUSTMENTS TO PROGRAMS WILL BE AS NEEDED. ALL COMMUNITY BENEFITS REPORTING WILL OCCUR ANNUALLY TO MEET STATE AND FEDERAL REPORTING REQUIREMENTS.

UNMET COMMUNITY NEEDS

SEVERAL ADDITIONAL TOPIC AREAS WERE IDENTIFIED BY THE MWPB DURING THE CHNA INCLUDING: MENTAL HEALTH, SAFE HOUSING, TRANSPORTATION, AND

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SUBSTANCE ABUSE. WHILE THE MWPH WILL FOCUS THE MAJORITY OF OUR EFFORTS ON THE IDENTIFIED PRIORITIES OUTLINED IN THE TABLE ABOVE, WE WILL REVIEW THE COMPLETE SET OF NEEDS IDENTIFIED IN THE CHNA FOR FUTURE COLLABORATION AND WORK. THESE AREAS, WHILE STILL IMPORTANT TO THE HEALTH OF THE COMMUNITY, WILL BE MET THROUGH OTHER HEALTH CARE ORGANIZATIONS WITH OUR ASSISTANCE AS AVAILABLE. THE UNMET NEEDS NOT ADDRESSED BY MWPH WILL ALSO CONTINUE TO BE ADDRESSED BY KEY BALTIMORE CITY GOVERNMENTAL AGENCIES AND EXISTING COMMUNITY- BASED ORGANIZATIONS.

THE MWPH IDENTIFIED CORE PRIORITIES TARGET THE INTERSECTION OF THE IDENTIFIED COMMUNITY NEEDS AND THE ORGANIZATION'S KEY STRENGTHS AND MISSION. THE FOLLOWING TABLE SUMMARIZES THE PROGRAMS EITHER CURRENTLY IN USE OR TO BE DEVELOPED TO ADDRESS THE IDENTIFIED HEALTH PRIORITIES

MARYLAND SHIP

VISION AREA MWPH PRIORITIES MWPH STRATEGIC

COMMUNITY

PROGRAMS MWPH PARTNERS

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HEALTHY BABIES MATERNAL/CHILD HEALTH PRENATAL & POSTNATAL EDUCATION

B'MORE HEALTHY BABIES

STORK'S NEST, TEXT4BABY,

HEALTHY SOCIAL

ENVIRONMENTS REDUCE CHILD MALTREATMENT VIOLENCE INTERVENTION

PROGRAM (VIP) BALTIMORE CITY HEALTH DEPT.,

SHOCK TRAUMA

SAFE PHYSICAL

ENVIRONMENTS TRAUMA PREVENTION

REDUCE PEDESTRIAN INJURIES

REDUCE BLOOD LEAD LEVELS

TRAUMA PREVENTION

B'MORE SAFE

SAFE KIDS PROGRAMMING (HELMETS, FIRE SAFETY, CAR SEATS)

B'MORE PREPARED TRAUMATIC BRAIN INJURY SOCIETY

SHOCK TRAUMA

SAFE KIDS, BALTIMORE CITY FIRE DEPT, MARYLAND CAR SEAT SAFETY PROGRAM

CHRONIC DISEASE REDUCE CHILDHOOD OBESITY

Part VI Supplemental Information

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
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REDUCE DIABETES-RELATED EMERGENCY ROOM VISITS

REDUCE DEATH FROM HEART DISEASE WEIGH SMART, WEIGH

SMART JR., HEALTHY LIVING ACADEMY,

NUTRITIONAL REHABILITATION PROGRAM AHA, ADA, UMB CAMPUS,

UMMS CITY HOSPITALS, VARIOUS

BALTIMORE CITY AGENCIES

HEALTHCARE ACCESS WORKFORCE DEVELOPMENT CAMP NOAH

GROW YOUR OWN BALTO CITY PUBLIC SCHOOLS, ARC BALTIMORE, DRESS FOR SUCCESS

ELIGIBILITY EDUCATION

SCHEDULE H, PART VI, LINE 3

THE PATIENT FINANCIAL ASSISTANCE POLICY AT MT. WASHINGTON PEDIATRIC

HOSPITAL IS A COMPREHENSIVE POLICY DESIGNED TO ASSESS THE NEEDS OF

PATIENTS AND FAMILIES THAT HAVE EXPRESSED CONCERNS ABOUT THEIR ABILITY TO

PAY FOR NEEDED MEDICAL SERVICES.

MT. WASHINGTON PEDIATRIC HOSPITAL MAKES EVERY EFFORT TO MAKE FINANCIAL

ASSISTANCE INFORMATION AVAILABLE TO OUR PATIENTS/FAMILIES. THESE EFFORTS

Part VI Supplemental Information

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INCLUDE SIGNAGE AT OUR OUTPATIENT DESKS AND INPATIENT WELCOME AREAS,
NOTICES ON PATIENT BILLS AND ADMISSIONS DOCUMENTS, AND INFORMATION ON OUR
WEB SITE.

DESCRIPTION OF HOW MWPH INFORMS PATIENTS OF THE CHARITY CARE POLICY

NOTICES INFORMING THE PATIENT ABOUT THE AVAILABILITY OF FINANCIAL
ASSISTANCE HAVE BEEN POSTED IN CERTAIN LOCATIONS WITHIN THE HOSPITAL.
NOTICES WERE POSTED ON THE OUTPATIENT REGISTRATION DESK AT ROGERS AVENUE,
THE OUTPATIENT REGISTRATION DESK AT PG HOSPITAL, THE INPATIENT FAMILY
WELCOME ROOM AT ROGERS AVENUE, AND THE INPATIENT NURSE'S STATION AT PG
HOSPITAL. THE POSTED NOTICES STATE THE FOLLOWING:
MOUNT WASHINGTON PEDIATRIC HOSPITAL HAS A PATIENT FINANCIAL ASSISTANCE
PROGRAM ESTABLISHED TO HELP PATIENTS OBTAIN FINANCIAL AID WHEN IT IS
BEYOND THEIR ABILITY TO PAY FOR SERVICES. AN APPLICATION AND FURTHER
INFORMATION IS AVAILABLE FROM THE FINANCIAL COUNSELOR IN THE ADMISSIONS
OFFICE.

Part VI Supplemental Information

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OTHER MEANS OF INFORMING THE PATIENTS OF AVAILABILITY OF FINANCIAL ASSISTANCE INCLUDE HANDOUTS, NOTIFICATION BY THE ADMISSIONS OFFICE, SOCIAL WORK STAFF, AND PATIENT ACCOUNTING REPRESENTATIVES, AND/OR BILLING COMPANY STAFF. ALSO, AN INFORMATION SHEET IS PROVIDED TO THE PATIENTS, THE PATIENT'S FAMILY, OR THE PATIENT'S AUTHORIZED REPRESENTATIVE BEFORE DISCHARGE, WITH HOSPITAL BILL, OR ON REQUEST.

THE INFORMATION SHEET INCLUDED THE FOLLOWING ITEMS:

- A. A DESCRIPTION OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY;
- B. A DESCRIPTION OF THE PATIENT'S RIGHTS AND OBLIGATIONS WITH REGARD TO HOSPITAL BILLING AND COLLECTION;
- C. CONTACT INFORMATION FOR THE INDIVIDUAL OR OFFICE AT THE HOSPITAL THAT IS AVAILABLE TO ASSIST THE PATIENT OR THE PATIENT REPRESENTATIVE IN UNDERSTANDING THE HOSPITAL BILL AND HOW TO APPLY FOR FREE AND REDUCED COST CARE;
- D. CONTACT INFORMATION FOR THE MARYLAND MEDICAL ASSISTANCE PROGRAM;
- E. A STATEMENT THAT PHYSICIAN CHARGES ARE NOT INCLUDED IN THE HOSPITAL BILL AND IS BILLED SEPARATELY.

Part VI Supplemental Information

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DESCRIPTION OF COMMUNITY SERVED

SCHEDULE H, PART VI, LINE 4

THE LICENSED BED DESIGNATION OF MT WASHINGTON PEDIATRIC HOSPITAL (MWPH) IS 102, WHICH INCLUDES PEDIATRIC SPECIALTY, PEDIATRIC CHRONIC ILLNESS, AND NEONATAL TRANSITIONAL CARE. INPATIENT ADMISSIONS FOR FY 13 WERE 790 ADMISSIONS. MEDICAID PATIENTS ACCOUNTED FOR 79.11% OF THE TOTAL MWPH ADMISSIONS IN FY13 AND 5% OF THESE MEDICAID PATIENTS LIVE IN THE 21215 ZIP CODE WHICH IS A TARGET AREA OF THE HOSPITAL'S COMMUNITY BENEFIT SERVICE AREA (CBSA). MWPH IS LOCATED IN THE NORTHWEST QUADRANT OF BALTIMORE CITY, SERVING BOTH ITS IMMEDIATE NEIGHBORS AND OTHERS FROM THROUGHOUT BALTIMORE CITY, COUNTY AND SEVERAL OTHER COUNTIES IN THE REGION. THE NEIGHBORHOODS SURROUNDING MWPH ARE IDENTIFIED BY THE BALTIMORE NEIGHBORHOOD INDICATORS ALLIANCE (BNIA) AS SOUTHERN PARK HEIGHTS (SPH) AND PIMLICO/ARLINGTON/HILTOP (PAH) . THE PRIMARY SERVICE AREA ZIP CODES DO NOT NECESSARILY DETERMINE ELIGIBILITY FOR COMMUNITY BENEFIT SERVICES, BECAUSE WE ARE SPECIALTY PEDIATRIC FACILITY, OUR PATIENTS RESIDENCE SPAN THE STATE OF MARYLAND AND MANY FROM OUT OF THE STATE. MWPH DETERMINED THAT THE SPECIFIC ZIP CODES OF 21215 & 21216

Part VI Supplemental Information

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DEFINES THE HOSPITAL'S COMMUNITY BENEFIT SERVICE AREA (CBSA) AND CONSTITUTE AN AREA THAT IS PREDOMINANTLY AFRICAN AMERICAN WITH BELOW AVERAGE MEDIAN FAMILY INCOME, BUT ABOVE AVERAGE RATES FOR UNEMPLOYMENT, AND OTHER SOCIAL DETERMINANTS OF POOR HEALTH.

RELYING ON DATA FROM THE 2009 AMERICAN COMMUNITY SURVEY, SPH'S MEDIAN HOUSEHOLD INCOME WAS \$27,365 AND PAH'S MEDIAN HOUSEHOLD WAS \$29,031. THIS IS COMPARED TO BALTIMORE CITY'S MEDIAN HOUSEHOLD INCOME OF \$37,395 IN 2009. THE PERCENTAGE OF FAMILIES HAD INCOMES BELOW THE FEDERAL POVERTY GUIDELINES IN SPH WAS 25.9% ; IN PAH, 21.3% OF RATES FOR SPH AND PAH, WERE 17.5% AND 17.0% RESPECTIVELY WHILE THE BALTIMORE CITY UNEMPLOYMENT RATE RECORDED IN 2010 WAS 10.9%.

THE RACIAL COMPOSITION AND INCOME DISTRIBUTION OF THE ZIP CODES DESCRIBED BELOW REFLECT THE SEGREGATION AND INCOME DISPARITY CHARACTERISTIC OF THE BALTIMORE METROPOLITAN REGION. AS INDICATED ABOVE, THOSE ZIP CODES THAT HAVE A PREDOMINANTLY AFRICAN AMERICAN POPULATION, INCLUDING 21215, REFLECT THE RACIAL SEGREGATION AND POVERTY REPRESENTATIVE OF BALTIMORE

Part VI Supplemental Information

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CITY. THIS IS IN CONTRAST TO NEIGHBORING BALTIMORE COUNTY ZIP CODES (21208 & 21209) IN WHICH THE HOSPITAL IS LOCATED, THE MEDIAN HOUSEHOLD INCOME IS MUCH HIGHER, AND IN WHICH THE POPULATION IS PREDOMINATELY WHITE.

THE BALTIMORE CITY HEALTH DEPARTMENT USES THE COMMUNITY STATISTICAL AREAS (CSA) WHEN ANALYZING HEALTH OUTCOMES AND RISK FACTORS. THE CSAS REPRESENT CLUSTERS OF NEIGHBORHOODS BASED ON CENSUS TRACT DATA RATHER THAN ZIP CODE AND WERE DEVELOPED BY BALTIMORE CITY PLANNING DEPARTMENT BASED ON RECOGNIZABLE CITY NEIGHBORHOOD PERIMETERS. IN THE CHART BELOW, WE REPRESENT THE COMMUNITY BENEFIT ACTIVITIES AT MWPH. ONE ZIP CODE (21207) SPANS CITY AND COUNTY LINES (SEE FOOTNOTE BELOW CHART). BALTIMORE COUNTY DOES NOT PROVIDE CSAS.

CBSA ZIP CODES:

21215

21216

21217

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21207*

21209

THE PRESENCE OF HEALTH DISPARITIES IS A MAJOR KEY FACTOR IN DETERMINING WHO THE TARGET POPULATION FOR OUR CBSA IS AND HOW MWPH MIGHT SERVE IT BEST AS A PEDIATRIC SPECIALTY HOSPITAL. UNLIKE MOST OTHER HOSPITALS THAT SHARE ONE OR MORE OF OUR PRIMARY SERVICE AREA ZIP CODES AND BECAUSE OF THE SPECIALTY SERVICES WE PROVIDE OUR PATIENTS COME TO US FROM ALL OVER THE STATE OF MARYLAND AND PENNSYLVANIA. MWPH IS ALSO LOCATED IN THE 21209 ZIP CODE WHICH IS ONE OF THE MOST WEALTHY AND HEALTHY NEIGHBORHOODS IN THE CITY OF BALTIMORE. INTERESTINGLY ENOUGH, MWPH IS WITHIN WALKING DISTANCE FROM THE 21215 ZIP CODE AND PIMLICO/ARLINGTON /HILLTOP NEIGHBORHOOD WHICH AS THE AFOREMENTIONED DATA DEMONSTRATES HAS SEVERAL HEALTH DISPARITIES, POVERTY, AND VULNERABLE POPULATIONS. PLEASE NOTE THAT 21207 & 21209 SPAN CITY/COUNTY LINES; HOWEVER, MWPH COMMUNITY BENEFIT ACTIVITIES PRIMARILY SERVE THE CITY-PORTION OF THE ZIP CODE. THE HOWARD PARK/WEST ARLINGTON IS THE BALTIMORE CITY PORTION OF THE 21207 CBSA.

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PROMOTING THE HEALTH OF THE COMMUNITY

SCHEDULE H, PART VI, LINE 5

MWPH HAS MANY PROGRAMS THAT DEMONSTRATE HOW THE HOSPITAL IS PROMOTING HEALTH IN THE COMMUNITY. FOR EXAMPLE OUR SAFETY BABY SHOWERS PARTNER WITH EXISTING AGENCIES IN COMMUNITY BENEFIT SERVICE AREA THAT ARE CURRENTLY PROVIDING SERVICES FOR PRE/POST NATAL WOMEN AND PROVIDE SAFETY BABY SHOWERS TO WOMEN AND/OR THEIR FAMILIES TO EDUCATE THEM ABOUT INJURY PREVENTION TOPICS SUCH AS CHOKING, POISONING, CHILD PASSENGER SAFETY, BURNING/SCALDING, INFANT SLEEP SAFETY AND FALLS AND OTHER RESIDENTIAL INJURIES.

THERE MWPH PROVIDES MATERIALS ON PROPER NUTRITION, PHYSICAL ACTIVITY, AND STRESS MANAGEMENT TO ENCOURAGE HEALTHY FULL-TERM PREGNANCIES. AT THE EVENT, TALKS ARE GIVEN ON BEHAVIOR MANAGEMENT, DEVELOPMENTALLY APPROPRIATE TOYS/PLAY, BABY SIGN LANGUAGE, AND A RESOURCE GUIDE TO PARENTS OF FREE RESOURCES IN THE COMMUNITY TO PROVIDE PARENTS WITH SKILLS AND TOOLS REQUIRED TO BE BETTER AND MORE ENGAGED PARENTS. PARTICIPANTS WERE EVALUATED BY PRE AND POST TESTS THAT FOCUSED ON VARIOUS INJURY

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PREVENTION TOPICS WHICH ALSO INCLUDED SAFE SLEEP AND SHAKEN BABY SYNDROME. THE B'MORE HEALTHY PROGRAM PROVIDED PARENTS WITH A 15 MIN. VIDEO ABOUT SLEEP SAFETY AND A TALK ABOUT NUTRITION PHYSICAL ACTIVITY AND STRESS MANAGEMENT.

A TOTAL OF EIGHTEEN 2-HOUR TALKS WERE CONDUCTED WITH A TOTAL OF 196 PARTICIPANTS. ON THE PRE-TALK TEST, 80 OF THE PARTICIPANTS ANSWERED AT LEAST ONE OF THE 12 QUESTIONS WRONG. 101 OF THE PARTICIPANTS ANSWERED ENOUGH QUESTIONS CORRECTLY TO EARN A PASSING SCORE ON THE POST-TALK SURVEY. 7 OF THE PARTICIPANTS ANSWERED FOUR OR FEWER QUESTIONS CORRECTLY. ON THE POST-TALK TEST 199 OF THE PARTICIPANTS ANSWERED ALL 12 QUESTIONS CORRECTLY AND 5 PERSON ANSWERED. 11 OF 12 CORRECTLY ALL PARTICIPANTS EARNED A PASSING SCORE ON THE POST TEST.

SAFETY BASKETS PROVIDED WITH PREVENTION MATERIALS (LATCHES, BATH HOT WATER THERMOMETERS, POISONING CONTROL MAGNETS) AND EDUCATIONAL MATERIALS ON HOW TO SAFETY PROOF HOME PROVIDED TO 123 FAMILIES AFTER PARTICIPATING IN TALK/PRESENTATION AT THE SHOWER. DINNER OR BREAKFAST WAS PROVIDED TO

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FAMILIES AS WELL (DEPENDING ON TIME OF THE EVENT), COSTING APPROXIMATELY \$15,000 TO SUPPORT THIS INITIATIVE.

ANOTHER EXAMPLE OF MWPH PROMOTING COMMUNITY HEALTH AND WELLNESS ARE THE WEIGH SMART ® AND WEIGH SMART JR. ® PROGRAMS. MEETING THE NATIONAL AND LOCAL IDENTIFIED NEED OF REDUCING THE PROPORTION OF YOUTH WHO ARE OBESE, AND INCREASING THE PROPORTION OF ADULTS WHO ARE AT A HEALTHY WEIGHT; THE WEIGH SMART® PROGRAM INVESTIGATED DIET QUALITY BEFORE AND AFTER PARTICIPATION IN A PEDIATRIC WEIGHT MANAGEMENT PROGRAM BY IDENTIFYING POOR DIET QUALITY THAT IS ASSOCIATED WITH OBESITY SUCH AS INADEQUATE FRUIT AND VEGETABLE INTAKE, EXCESSIVE SUGAR-SWEETENED BEVERAGES (SSB) AND FAST FOOD INTAKE. AN INTER-PROFESSIONAL PSYCHO-EDUCATIONAL WEIGHT MANAGEMENT PROGRAM WAS FACILITATED INVOLVING MEDICINE, NUTRITION, PHYSICAL THERAPY, AND PSYCHOLOGY. THE PROGRAM ESTABLISHED A COORDINATED HOLISTIC APPROACH TO MANAGEMENT OF DIAGNOSES THAT HAVE A NUTRITIONAL COMPONENT.

COORDINATORS ENGAGED TARGETED COMMUNITIES ON HEALTHY LIFESTYLES BY

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SPONSORING COMMUNITY MEETINGS, ADVOCATING FOR HEALTH POLICY AND LEGISLATION, PROVIDING FOOD NUTRITION LABEL READING SESSIONS, AND PROVIDING HEART HEALTHY COOKING DEMOS AND/OR TASTINGS.

TO REACH OUT TO COMMUNITIES IN THE CBSA, EDUCATIONAL MATERIALS WERE DEVELOPED AND DISTRIBUTED AT VARIOUS HEALTH FAIRS.

PROGRAM WAS EVALUATED BY CHILDREN'S DIETARY QUESTIONNAIRE (CDQ) WAS ADMINISTERED TO CAREGIVERS OF PATIENTS AGES 2-17 YEARS DURING INITIAL CONSULTATION. RESULTS INCLUDED CHANGE IN BODY COMPOSITION FOR PARTICIPANTS- WEIGHT, HEIGHT, BMI, BODY FATNESS, AS WELL AS A CHANGE IN QUALITY OF LIFE, CHANGE IN DIETARY QUALITY, AND CHANGE IN BEHAVIORS BY CHILD AND PARENT REPORT (ACCORDING TO PARENT AND CHILD SELF REPORT).

A TOTAL OF 3671 PARTICIPANTS, 78% SHOW DECREASED BODY MASS INDEX Z SCORE AT 1 YR 21% DOWN MEAN INSULIN LEVELS 4% MEAN CHOLESTEROL LEVEL 14% MEAN TRIGLYCERIDE LEVEL.

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DIET CHANGES FRENCH FRIES

WENT FROM 1.06 TO 0.49 (P=0.023) OVER LAST 7 DAYS FAST FOOD DOWN FROM
1.55 TO 0.75 (P=0.000) OVER LAST 7 DAYS FRUIT JUICE/FRUIT DRINK DOWN FROM
2.15 TO 1.53 (P=0.021) IN THE PAST 24 HOURS SOFT DRINK/SWEET
TEA/KOOLAID/LEMONADE (NOT DIET) DOWN 1.77 TO 1.23 PER WK (P=0.073) POTATO
CHIPS, OTHER CHIPS (E.G. FRITOS, DORITOS) OR CRACKERS DOWN 1.49 TO 1.05
PER WK (P=0.096) ICE-CREAM/POPSICLES DOWN 1.14 TO 0.69 PER WK (P=0.069)

ALSO STATISTICALLY SIGNIFICANT IMPROVEMENTS IN QUALITY OF LIFE
MEASUREMENTS.

COMMUNITY ADVOCACY COORDINATOR 76 HEALTH FAIRS AND DISTRIBUTED MATERIALS
AS WELL AS PROVIDED DEMONSTRATION OF PROPER FOOD PORTIONS WITH FOOD
MODELS. THE TOTAL COST FOR THE PROGRAM IS \$1,321,302.

HEALTHY LIVING ACADEMY (HLA)

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THE AFTER-SCHOOL HEALTH PROGRAM KNOWN AS HEALTHY LIVING ACADEMY (HLA) CONCLUDED IN JULY 2012, HAVING ENROLLED 158 STUDENTS FROM FIVE BALTIMORE AREA SCHOOLS - MT WASHINGTON ELEMENTARY SCHOOL, ROBERT COLEMAN ELEMENTARY SCHOOL, ROSEMONT ELEMENTARY/MIDDLE SCHOOL, ST. FRANCIS ACADEMY, AND EDMONSON HIGH SCHOOL. THE CENTER'S PROGRAM PARTNER WAS BALTIMORE CITY COMMUNITY COLLEGE, WHERE STUDENTS FROM THE EDUCATION, COUNSELING, ALLIED HEALTH, NURSING, AND PHYSICAL EDUCATION PROGRAMS WERE RECRUITED TO TRAIN AS COACHES, TO THE SCHOOL CHILDREN AND TO DEVELOP/ TEACH THE CURRICULUM UNDER THE GUIDANCE OF CENTER STAFF AND BCCC FACULTY. HLA ALSO USED BCCC SPORTS FACILITIES TO HOUSE THE PROGRAM.

HLA CREATED AN ADVISORY BOARD OF PROFESSIONALS WITH EXPERTISE IN PROGRAM DEVELOPMENT WHO ASSISTED IN OVERSEEING DESIGN AND IMPLEMENTATION OF THIS PROGRAM. THESE EXPERTS WERE THE DIRECTOR OF COMMUNITY RELATIONS FOR THE BALTIMORE RAVENS, DIRECTOR OF SALES AND MARKETING FOR MERRITT ATHLETIC CLUBS, AND THE EXECUTIVE DIRECTOR OF B'MORE FIT, A NONPROFIT ORGANIZATION THAT PROVIDES MENTORING AND TRAINING FOR AT-RISK YOUTH TO BECOME FITNESS EXPERTS WHILE THEY WORK TOWARD A GED.

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THE ADVISORY PANEL HELPED DEVELOP A THOROUGH EVALUATION MATRIX TO MEASURE THE SUCCESS OF THE HLA. PARTICIPANTS' SUCCESS WAS EVALUATED BY EXAMINING CHANGES IN THEIR KNOWLEDGE OF HEALTHY LIFESTYLES BASED ON COMPARISON OF PRE- AND POST-TEST SCORES AND BY CHANGES IN THEIR BODY COMPOSITION. RESULTS DEMONSTRATED THAT HLA HELPED PARTICIPANTS LEARN ABOUT AND DEVELOP HEALTHIER EATING AND PHYSICAL ACTIVITY HABITS AND ACHIEVE IMPROVED OVERALL HEALTH.

A WRITTEN QUESTIONNAIRE ON NUTRITION, EXERCISE, AND STRESS MANAGEMENT WAS ADMINISTERED TO STUDENTS BEFORE AND AFTER HLA TO EVALUATE CHANGES IN KNOWLEDGE IN THESE AREAS. SCORES ON THE POST-TEST IMPROVED 19 POINTS ON AVERAGE FROM PRE-TEST SCORES FOR CHILDREN IN THE FIRST SESSION AND 24 POINTS ON AVERAGE FOR STUDENTS IN THE SECOND SESSION.

IN ADDITION TO CHANGES IN KNOWLEDGE, STUDENTS SHOWED POSITIVE IMPROVEMENTS IN BODY COMPOSITION. THESE POSITIVE CHANGES INCLUDED DECREASES IN THE HIGH SCHOOL STUDENTS' AVERAGE WEIGHT, BODY MASS INDEX,

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WAIST AND HIP CIRCUMFERENCE, AND CHANGES AMONG ELEMENTARY SCHOOL STUDENTS INCLUDING DECREASES IN WAIST AND HIP CIRCUMFERENCE AND INCREASES IN THE NUMBER OF SIT-UPS AND PUSH-UPS PER MINUTE.

STUDENTS IN HLA LEARNED VALUABLE LESSONS ABOUT THE DANGERS OF OBESITY AND IMPORTANCE OF HEALTHY LIFESTYLES. LESSONS INCLUDED TAKING RESPONSIBILITY FOR ONE'S OWN HEALTH, FITNESS AND SAFETY; MOTIVATION AND GOAL SETTING; RISKS OF OBESITY; STRESS MANAGEMENT; FAST FOOD; AND FOOD PORTIONS.

STAFF EXPANDED RECRUITMENT TO FIVE AREA SCHOOLS IN AN EFFORT TO REACH ENROLLMENT NUMBERS. THE IMPACT WAS BROAD IN THAT HLA REACHED STUDENTS AT FIVE AREA SCHOOLS. MANY STUDENTS PLANNED TO TAKE HEALTH MESSAGES BACK TO THEIR SCHOOLS TO TEACH OTHER STUDENTS AS PART OF THEIR REQUIRED COMMUNITY SERVICE PROJECT.

IN ADDITION TO EDUCATING YOUTH ABOUT FITNESS AND HEALTHY EATING, HLA STAFF SHARED KEY HEALTH MESSAGES WITH THE STUDENTS' FAMILIES VIA SEVERAL FAMILY DAY EVENTS. A TOTAL OF 142 FAMILIES ATTENDED FAMILY DAY EVENTS. THE DIRECTOR OF COMMUNITY RELATIONS FOR THE BALTIMORE RAVENS ACTED AS AN

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ADVISORY BOARD MEMBER AND ARRANGED FOR A RAVENS PLAYER TO APPEAR AT ONE OF THE FAMILY DAYS AND TALK TO THE AUDIENCE ABOUT IMPORTANCE OF GOOD NUTRITION AND A HEALTHY LIFESTYLE.

STUDENTS PREPARED READINGS AND POEMS ABOUT KEY HEALTH MESSAGES THEY HAD LEARNED IN ORDER TO TEACH THEIR FAMILIES ABOUT HEALTHY LIFESTYLES, AND THEY DEMONSTRATED YOGA TO SHOW FAMILIES SOME OF THE NEW PHYSICAL SKILLS THEY WERE LEARNING. FAMILIES RECEIVED A WRITTEN HEALTH PROFILE FOR THEIR CHILD WITH FITNESS AND BODY COMPOSITION MEASURES. STAFF DISTRIBUTED REFERRAL INFORMATION FOR PEDIATRIC WEIGHT MANAGEMENT PROGRAMS AT MWPB TO FAMILIES WHOSE CHILD NEEDED OBESITY SERVICES BEYOND HLA. THIS INFORMATION ALLOWED FAMILIES OF CHILDREN OVERWEIGHT OR OBESE TO SECURE SERVICES TO IMPROVE THEIR HEALTH. FAMILY DAY EVENTS WERE SUCCESSFUL IN EXTENDING KEY HEALTH MESSAGES INTO THE COMMUNITY.

HLA SUCCESSFULLY IMPACTED 142 FAMILIES BY PROVIDING THEM WITH THE TOOLS AND RESOURCES TO SPREAD HEALTH MESSAGES TO THEIR COMMUNITIES AND CONTRIBUTED TO THE IMPROVED OVERALL WELLNESS OF THOSE FAMILIES.

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OVERALL, EVALUATION OF HLA OUTCOMES SHOWED A POSITIVE IMPACT ON THE STUDENTS AND FAMILIES WHO PARTICIPATED. PROGRAM STAFF ALSO EVALUATED FOR FEASIBILITY AND HOW MORE FAMILIES COULD BE IMPACTED IN THE 2013-2014 FY. SOME OTHER OUTCOMES OF THE EVALUATION INCLUDED THE MAILING OF INVITATIONS TO THE PROGRAM EARLIER TO FAMILIES TO ENHANCE AND ENCOURAGE PARTICIPATION.

HEALTH PROFESSIONALS EDUCATION

MWPH IS DEDICATED TO HELPING PREPARE FUTURE HEALTH CARE PROFESSIONALS. THE HOSPITAL COMMITTED OVER 2000 HOURS OF SPECIALIZED TRAINING AND EDUCATION TO NURSES, OCCUPATIONAL THERAPIST, SPEECH AND LANGUAGE THERAPIST, SENIOR PRACTICUM STUDENTS, SOCIAL WORKERS AND PHYSICAL THERAPISTS. THESE TRAININGS INCLUDED REHABILITATION THERAPY, NURSING CLINICAL ROTATIONS, AS WELL AS FREE FIRST AID & CPR TRAINING TO THE PARENTS OF PATIENTS AT THE HOSPITAL.

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CHILD PASSENGER SAFETY/SEAT CHECKS AND TRANSPORTING CHILDREN WITH SPECIAL
NEEDS EDUCATION & TRAINING (CHILD PASSENGER SAFETY TECHNICIANS)

AT MWPB, WE BELIEVE IT IS VITAL TO MAKE SURE ALL CHILDREN ARE SECURED
PROPERLY IN APPROPRIATE SEATS - EVERY TRIP, EVERY TIME. ACCORDING TO THE
U.S. DEPARTMENT OF TRANSPORTATION'S NATIONAL HIGHWAY TRAFFIC SAFETY
ADMINISTRATION (NHTSA), APPROXIMATELY 8,959 LIVES HAVE BEEN SAVED FROM
1975 TO 2008 BY THE PROPER USE OF CHILD SAFETY SEATS. CHILD SAFETY SEATS
REDUCE THE LIKELIHOOD OF AN INFANT (UNDER 1 YEAR OLD) BEING KILLED IN A
VEHICLE CRASH BY 71%, AND REDUCE THE LIKELIHOOD TO TODDLERS (1 TO 4 YEARS
OLD) BY 54%. CHILDREN AGES 4 TO 7 WHO USE BOOSTER SEATS ARE 45% LESS
LIKELY TO BE INJURED IN CAR CRASHES THAN CHILDREN WHO ARE RESTRAINED ONLY
BY SEAT BELTS, ACCORDING TO A STUDY BY CHILDREN'S HOSPITAL OF
PHILADELPHIA.

TO HELP PREVENT THESE TYPES OF INJURIES, MWPB PROVIDES PARENTS AND
CAREGIVERS WITH THE PROPER KNOWLEDGE AND MATERIALS TO ENSURE THAT THEIR

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LITTLE ONES ARE PROTECTED ON THE WAY TO THEIR DESTINATION. IN OCTOBER AND MAY WE HOSTED CHILD SAFETY SEAT CHECKS IN COLLABORATION WITH SAFE KIDS BALTIMORE, KIDS IN SAFETY SEATS, AND THE BALTIMORE CITY FIRE DEPARTMENT, OUR STAFF AND VOLUNTEERS INSPECTED SEATS IN 55 CAR SEAT CHECKS AND OVER 2,500 HOURS DEDICATED TO THE INSTRUCTION AND PROVISION OF CHILD PASSENGER SAFETY. ON AVERAGE PARENTS HAD A MISUSE RATE OF 88% FOR CHILD PASSENGER DEVICES, WHETHER IT WAS IMPROPER INSTALLATION, INAPPROPRIATE APPARATUS (EXPIRED OR BROKEN), OR THE SEAT WAS INAPPROPRIATE FOR THE CHILD. MANY OF THESE HOURS WERE SPECIFICALLY DEDICATED TO PROVIDING GUIDANCE AND INSTRUCTION TO THOSE FAMILIES WITH CHILDREN WHO HAVE SPECIAL NEEDS. MWPB HAS CERTIFIED ENGLISH- AND SPANISH-SPEAKING TECHNICIANS (16 VOLUNTEERS TOTAL) WHO WERE AVAILABLE TO PROVIDE FREE HANDS-ON CHILD SAFETY SEAT INSPECTIONS AND OFFER ADVICE AND INSTRUCTION.

THE COMMUNITY ADVOCACY & INJURY PREVENTION COORDINATOR PROVIDED 16 CHILD PASSENGER SAFETY TALKS, IMPACTING 180 LOW-INCOME EXPECTANT MOTHERS AT THE BALTIMORE HEALTHY START BELLY BUDDIES PROGRAM PARENTS AND CAREGIVERS WERE URGED TO MAKE SURE THEIR CHILD SAFETY SEATS AND BOOSTER SEATS WERE

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PROPERLY INSTALLED AND USED IN THEIR VEHICLES.

BEING A PEDIATRIC SPECIALTY HOSPITAL, IT IS ESSENTIAL THAT STAFF IS AVAILABLE TO PROVIDE INSTRUCTION IN TRANSPORTING CHILDREN WITH SPECIAL NEEDS. THE HOSPITAL DEDICATED 14 HOURS TO ENSURE THAT STAFF AT THE FACILITY WOULD HAVE THE ABILITY TO PROVIDE TRAINING ON TRANSPORTING CHILDREN WITH SPECIAL HEALTH CARE NEEDS.

LEAD TREATMENT PROGRAM

LEAD IS A NEUROTOXIC SUBSTANCE THAT HAS BEEN SHOWN IN NUMEROUS RESEARCH STUDIES TO AFFECT BRAIN FUNCTION AND DEVELOPMENT. CHILDREN WHO HAVE BEEN EXPOSED TO ELEVATED LEVELS OF LEAD (>5 UG/DL) ARE AT INCREASED RISK FOR COGNITIVE AND BEHAVIORAL PROBLEMS DURING DEVELOPMENT (CDC, 2012).

LEAD POISONING IS THE NUMBER ONE ENVIRONMENTAL HAZARD THREATENING CHILDREN THROUGHOUT THE UNITED STATES, AFFECTING AN ESTIMATED 310,000 CHILDREN UNDER THE AGE OF SIX. CHILDREN UNDER 6 AND PREGNANT WOMEN ARE AT

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THE GREATEST RISK FOR LEAD POISONING BECAUSE LEAD INHIBITS THE PROPER PHYSICAL AND COGNITIVE DEVELOPMENT OF IN CHILDREN AND INFANTS. EVEN LOW LEVELS OF LEAD POISONING CAN CAUSE HYPERACTIVITY, AGGRESSIVE BEHAVIOR, LEARNING DISABILITIES, LOWERED IQ, SPEECH DELAY AND HEARING IMPAIRMENT. HIGH LEVELS OF LEAD CAN CAUSE SEVERE MENTAL DISABILITIES, CONVULSIONS, COMA OR EVEN DEATH.

LEAD POISONING IS COMPLETELY PREVENTABLE, YET HUNDREDS OF CHILDREN IN MARYLAND ARE DIAGNOSED WITH ELEVATED LEVELS OF LEAD IN THEIR BLOOD EACH YEAR AND THOUSANDS OF CHILDREN GO UNTESTED. BECAUSE OF LEAD'S EFFECT UPON A CHILD'S BRAIN, THOUSANDS OF MARYLAND CHILDREN FAIL TO REACH THEIR FULL POTENTIAL AND HUNDREDS OF COMMUNITIES ARE PREVENTED FROM THE BENEFITS OF THE CHILD'S LONG-TERM PRODUCTIVITY. STUDIES HAVE SHOWN CHILDREN WHO ARE LEAD POISONED ARE MORE LIKELY TO BECOME INVOLVED WITH THE JUVENILE JUSTICE SYSTEM AND THAT LEAD POISONED CHILDREN ARE SEVEN TIMES MORE LIKELY TO DROP OUT OF SCHOOL BEFORE GRADUATING. BECAUSE OF LOST WAGES AND THE BURDEN ON TAXPAYERS CAUSED BY ANTI-SOCIAL BEHAVIORS AND INCREASED SPECIAL EDUCATION NEEDS, IT IS ESTIMATED THAT THAT GENERAL PUBLIC LOSES

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MILLIONS OF DOLLARS EACH YEAR.

LEAD POISONING CAUSES IRREVERSIBLE DAMAGE TO THE BRAIN AND NERVOUS SYSTEM

AS WELL AS THE HEART AND RED BLOOD CELLS RESULTING IN:

- LEARNING DISABILITIES
- LOWERED I.Q.
- HYPERACTIVITY
- ATTENTION DEFICIT DISORDER
- SPEECH DELAY
- HEARING LOSS
- SLOWED OR REDUCED GROWTH
- BEHAVIORAL PROBLEMS
- VIOLENT OR AGGRESSIVE BEHAVIOR

HIGH LEVEL POISONING CAN RESULT IN: SEVERE COGNITIVE DISABILITIES, COMA AND DEATH.

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THE MARYLAND DEPARTMENT OF THE ENVIRONMENT (AUGUST 2012) REPORTED IN 2011, 347 CHILDREN - OR 1.8 % OF THE 19,043 CHILDREN TESTED IN BALTIMORE CITY - HAD ELEVATED BLOOD LEAD LEVELS (AT LEAST 10 MICROGRAMS PER DECILITER). THIS REPRESENTS A 26% DECREASE FROM THE NUMBER OF CHILDREN WITH ELEVATED BLOOD LEVELS IN 2008.

OVER THE PAST DECADE, THE NUMBER OF CHILDREN WITH ELEVATED BLOOD LEAD LEVELS HAS FALLEN FROM 2,189 CHILDREN IN 2010 TO 347 CHILDREN LAST YEAR - A DECREASE OF 84%. DESPITE THE DECLINE, BALTIMORE CITY CONTINUES TO HAVE THE HIGHEST RATES OF CHILDREN WITH LEAD POISONING THAN ANY OTHER COUNTY IN MARYLAND, MORE THAN DOUBLING THE RATE OF MOST COUNTIES.

THIS HOSPITAL'S LEAD TREATMENT TEAM IS STRIVING TO INCREASE AWARENESS OF THE RISKS OF LEAD POISONING, TO ENCOURAGE ALL PARENTS TO HAVE THEIR CHILDREN TREATED AND TO TREAT THOSE CHILDREN WITH LEAD POISONING BY EDUCATING THEM ABOUT THE VARIOUS DIETARY AND ENVIRONMENTAL MODIFICATIONS THEY CAN MAKE TO IMPROVE THEIR CONDITION. SINCE ITS INCEPTION, THE PROGRAM HAS TREATED HUNDREDS OF CHILDREN.

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LAST YEAR, MWPH CONDUCTED A TOTAL OF 125 CLINIC VISITS WITH OUR OUTPATIENT LEAD CLINIC PATIENTS. FROM THE 115 CLINIC VISITS 38 CHILDREN WITH ELEVATED LEAD LEVELS WERE SEEN. THE HOSPITAL TREATED AND FOLLOWED 19 NEWLY REFERRED PATIENTS AND TREATED 14 PREVIOUSLY REFERRED PATIENTS. DEPENDING ON A CHILD'S LEAD LEVEL, THE FOLLOW-UP APPOINTMENT WILL VARY FROM 4 TO 8 WEEKS. WE HAVE ONE PATIENT AND HIS FAMILY TRAVELING FROM SOUTHEAST DISTRICT AREA OF PENNSYLVANIA TO ATTEND MWPH AS THERE ARE NO REPORTED LEAD SPECIALTY SERVICES IN THEIR AREA.

MWPH ADMITTED 17 CHILDREN TO OUR HOSPITAL FOR CHELATION THERAPY IN 2013. THE PATIENTS THAT WERE ADMITTED INPATIENT HAD LEAD LEVELS RANGING FROM 59 AND 43. TWO OF THE PATIENTS HAD TO HAVE A RE-ADMISSION FOR A SECOND ROUND OF CHELATION THERAPY. A CHILD TYPICALLY MUST HAVE A LEAD LEVEL OF 45 OR HIGHER BEFORE THEY ARE CANDIDATES FOR ADMISSION FOR INPATIENT TREATMENT. CHELATION THERAPY IS THE FORM OF TREATMENT A CHILD RECEIVES TO DECREASE THE LEAD LEVELS. THIS IS DONE OVER A COURSE OF NINETEEN DAYS. SOME CHILDREN WITH HIGHER LEAD LEVELS WILL OFTEN NEED TWO OR MORE CYCLES OF

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

TREATMENT OF CHELATION THERAPY. THIS WILL TYPICALLY RESULT IN MULTIPLE ADMISSIONS FOR THAT CHILD AND FAMILY. ONCE THE CHILD IS DISCHARGED FROM MWPB THEY THEN ARE ADMITTED INTO THE OUTPATIENT LEAD CLINIC FOR FOLLOW-UP SERVICES. OFTEN CHILDREN COME TO MWPB FOR OTHER SERVICES AS A RESULT OF THE EFFECTS OF LEAD POISONING. THESE SERVICES CAN INCLUDE SPEECH, LANGUAGE, BEHAVIORAL PSYCHOLOGY, PSYCHIATRY, AND NEUROPSYCHOLOGY SERVICES.

IN AN EFFORT TO PREVENT FUTURE LEAD POISONING, MWPB LEAD TEAM MEMBERS BARBARA MOORE COLLABORATED WITH THE BALTIMORE CITY HEALTH DEPARTMENT LEAD POISONING PREVENTION PROGRAM AND TO PRODUCE A VIDEO ON LEAD SAFETY AVAILABLE TO THE PUBLIC VIA YOUTUBE® WHICH HAS RECEIVED 1,990 VISITORS TO DATE.

HEALTH FAIRS

PROMOTING HEALTHY LIFESTYLE CHOICES IS THE CORNERSTONE OF OUR COMMUNITY BENEFIT PROGRAM AT MWPB. THROUGHOUT THE YEAR, OUR CLINICAL PROFESSIONALS

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

TAKE PART IN CONFERENCES AND HEALTH FAIRS AND SPEAK TO STUDENTS IN AREA SCHOOLS, IN ORDER TO PROVIDE FAMILIES WITH ESSENTIAL INFORMATION ON MAKING HEALTHY CHOICES IN THEIR LIVES. MATERIALS ARE PROVIDED ON SUCH TOPICS AS LEAD POISONING PREVENTION, PROPER NUTRITION, INFANT CARE, BURN PREVENTION, CHILD PASSENGER SAFETY, POISONING PREVENTION, RESIDENTIAL INJURIES, CRIB SAFETY, AND PARENTING SKILLS.

IN COLLABORATION WITH UMMS, MWPH SPONSORED SUCH EVENTS AS B'MORE HEALTHY EXPO; TAKE A LOVED ONE TO THE DOCTOR, SPRING INTO GOOD HEALTH, AND FROM THE HEART. THE COMMUNITY ADVOCACY & INJURY PREVENTION COORDINATOR PARTICIPATED IN 76 EVENTS IN THE 2012-2013 FISCAL YEAR AND IMPACTED APPROXIMATELY 8,800 PEOPLE IN BALTIMORE CITY AND BALTIMORE COUNTY.

CAMP NOAH

TO ADDRESS THE COMMUNITY NEED IDENTIFIED BY THE MARYLAND HOSPITAL ASSOCIATION OF HAVING MORE NURSES AVAILABLE IN HOSPITALS, THE MWPH HAS DEVELOPED CAMP N.O.A.H. (NURSING AND OTHER ALLIED HEALTH) PROGRAM TO

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SPARK INTEREST IN NURSING AND ALLIED HEALTH IN THE HIGH SCHOOL STUDENTS OF BALTIMORE CITY. THIS PROGRAM WAS ONE WEEK LONG, AND ITS TARGETED POPULATION IS HIGH SCHOOL STUDENTS, AGED 15-18, WHO ARE INTERESTED IN A HEALTH CAREER.

THIS PROGRAM PROVIDES PARTICIPANTS WITH EXPERIENCE AND THE OPPORTUNITY TO OBSERVE CARE PRACTICES WORKING DIRECTLY WITH PREMATURE INFANTS, TODDLERS & ADOLESCENTS, UNDER THE GUIDANCE OF RESPIRATORY THERAPISTS, AND CHILD LIFE SPECIALISTS. THIS PROGRAM IS AN EXCITING WAY FOR HIGH SCHOOL STUDENTS TO INTERACT WITH HEALTH CARE PROFESSIONALS WHILE GAINING REAL WORLD EXPERIENCES. ALL STUDENTS RECEIVE EDUCATION IN FIRST AID & CPR, NURSING OBSERVATION EXPERIENCES, AND ALL NECESSARY EQUIPMENT SUCH AS STETHOSCOPES, SCRUBS, AND BREAKFAST AND LUNCH PROVIDED BY THE HOSPITAL.

SIBSHOPS OF MARYLAND

MWPH IS PROUD TO BE THE LEAD AGENCY FOR SIBSHOPS OF MARYLAND, AN INTERAGENCY EFFORT THAT INCLUDES LOCATIONS IN BALTIMORE CITY, AND

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

BALTIMORE, HARFORD, MONTGOMERY, HOWARD, ANNE ARUNDEL COUNTIES.

SIBSHOPS SEEK TO PROVIDE SIBLINGS WITH OPPORTUNITIES FOR PEER SUPPORT.

BECAUSE SIBSHOPS ARE DESIGNED (PRIMARILY) FOR SCHOOL-AGE CHILDREN, PEER SUPPORT IS PROVIDED WITHIN A LIVELY, RECREATIONAL CONTEXT THAT EMPHASIZES A KIDS'-EYE-VIEW. SIBSHOPS ARE NOT THERAPY, GROUP OR OTHERWISE, ALTHOUGH THEIR EFFECT MAY BE THERAPEUTIC FOR SOME CHILDREN. SIBSHOPS ACKNOWLEDGE THAT MOST BROTHERS AND SISTERS OF PEOPLE WITH SPECIAL NEEDS, LIKE THEIR PARENTS, ARE DOING WELL, DESPITE THE CHALLENGES OF AN ILLNESS OR DISABILITY.

CONSEQUENTLY, WHILE SIBSHOP FACILITATORS ALWAYS KEEP AN EYE OPEN FOR PARTICIPANTS WHO MAY NEED ADDITIONAL SERVICES, THE SIBSHOP MODEL TAKES A WELLNESS APPROACH. SIBSHOP WAS ORIGINALLY DEVELOPED FOR EIGHT-TO THIRTEEN-YEAR-OLD SIBLINGS OF CHILDREN WITH DEVELOPMENTAL DISABILITIES; THE SIBSHOP MODEL IS EASILY ADAPTED FOR SLIGHTLY YOUNGER AND OLDER CHILDREN. IT HAS BEEN ADAPTED FOR BROTHERS AND SISTERS OF CHILDREN WITH OTHER SPECIAL NEEDS, INCLUDING CANCER, HEARING IMPAIRMENTS, EPILEPSY,

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

EMOTIONAL DISTURBANCES, AND HIV-POSITIVE STATUS. SIBSHOPS HAS ALSO BEEN ADAPTED FOR USE WITH CHILDREN WHO HAVE LOST A FAMILY MEMBER. EACH SESSION INCLUDES HIGH-ENERGY GAMES AND A CHANCE TO CONNECT WITH OTHER CHILDREN IN SIMILAR FAMILY SITUATIONS. CHILDREN IN SIMILAR FAMILY SITUATIONS.

AFFILIATED HEALTH CARE SYSTEM ROLES

SCHEDULE H, PART VI, LINE 6

MWPH IS A REGIONAL LEADER IN PEDIATRIC SPECIALTY CARE AND IS A JOINTLY OWNED CORPORATE AFFILIATE OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEMS (UMMS) AND JOHNS HOPKINS HEALTH SYSTEM (HOPKINS).

MT. WASHINGTON PEDIATRIC HOSPITAL 2

SCHEDULE H, PART V, SECTION B, 22

DUE TO STATE REGULATIONS, CHARGES ARE NOT REDUCED FOR ANY PAYER, INCLUDING COMMERCIAL INSURANCE, GOVERNMENT PAYERS, OR UNINSURED PATIENTS.

ALL CHARGES ARE GROSS CHARGES.

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

STATE FILING OF COMMUNITY BENEFIT REPORT

SCHEDULE H, PART VI, LINE 7

MARYLAND

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SHELDON STEIN PRESIDENT CEO	(i)	243,696.	89,412.	3,404.	158,876.	27,539.	522,927.	0
	(ii)	0	0	0	0	0	0	0
2 MARY MILLER CFO / VP - FINANCE	(i)	133,476.	23,849.	589.	29,034.	29,560.	216,508.	0
	(ii)	0	0	0	0	0	0	0
3 THOMAS ELLIS VP - HUMAN RESOURCES	(i)	128,598.	20,481.	1,072.	47,812.	29,352.	227,315.	0
	(ii)	0	0	0	0	0	0	0
4 BARINADA GIADOM ATTENDING PHYSICIAN	(i)	196,334.	0	16.	11,772.	29,553.	237,675.	0
	(ii)	0	0	0	0	0	0	0
5 KATHERINE ALTER MD DIRECTOR PHYSICAL MEDICINE	(i)	232,866.	0	936.	18,910.	20,365.	273,077.	0
	(ii)	0	0	0	0	0	0	0
6 AJOKE AJAYI-AKINTADE M ATTENDING PHYSICIAN	(i)	189,146.	0	337.	12,816.	997.	203,296.	0
	(ii)	0	0	0	0	0	0	0
7 STEPHEN NICHOLS MD ATTENDING PHYSICIAN	(i)	204,165.	0	265.	13,857.	29,598.	247,885.	0
	(ii)	0	0	0	0	0	0	0
8 JENNIFER BOWIE VP - NURSING ADMIN	(i)	140,652.	14,000.	163.	7,510.	27,499.	189,824.	0
	(ii)	0	0	0	0	0	0	0
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

NON FIXED PAYMENTS

SCHEDULE J, PART I, LINE 7

BONUSES PAID ARE BASED ON A NUMBER OF VARIABLES INCLUDING BUT NOT LIMITED TO INDIVIDUAL GOAL ACHIEVEMENTS AS WELL AS ORGANIZATION OPERATION ACHIEVEMENTS. THE FINAL DETERMINATION OF THE BONUS AMOUNT IS DETERMINED AND APPROVED BY THE BOARD AS PART OF THE OVERALL COMPENSATION REVIEW OF THE OFFICERS AND KEY EMPLOYEES.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2013

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MARYLAND HEALTH & HIGHER EDUCATIONAL FACILITIES	50-0936091	574216LR6	11/01/2007	7,585,000.	CONSTRUCTION		X		X		X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased	7,585,000.							
3 Total proceeds of issue								
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	1985							
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Private Business Use (Continued)	MARYLAND HEALTH & HIGHER EDUCATIONAL FACILITIES							
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?	X							
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

SCHEDULE K, PART III, LINE 9, PART IV, LINE 9 AND PART V

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

Employer identification number

52-0591483

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINE 6 AND 7A

JOHNS HOPKINS HEALTH SYSTEM (JHHS) AND THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM (UMMS) ARE EQUAL MEMBERS OF MT. WASHINGTON PEDIATRIC HOSPITAL (MWPB). JHHS AND UMMS EACH ELECT AN EQUAL NUMBER OF MEMBERS TO THE BOARD OF MWPB.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

THE IRS FORM 990 IS PREPARED AND REVIEWED BY THE ACCOUNTING FIRM OF GRANT THORNTON. ACCOUNTING PERSONNEL IN FINANCE SHARED SERVICES AT THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM GATHER THE INFORMATION NEEDED TO COMPLETE THE RETURN AND INPUT THE DATA INTO THE GRANT THORNTON TAX ORGANIZER. WHEN ALL DATA HAS BEEN ENTERED, THE INFORMATION IS SUBMITTED TO GRANT THORNTON FOR IMPORTATION INTO THEIR TAX SOFTWARE. AT THIS POINT, GRANT THORNTON STAFF MEMBERS REVIEW THE DATA, ASK FOR ADDITIONAL INFORMATION IF NEEDED AND PREPARE THE TAX RETURN. EACH RETURN IS REVIEWED AT SEVERAL LEVELS AT GRANT THORNTON INCLUDING THE TAX PARTNER. AFTER THEIR REVIEW PROCESS, A DRAFT RETURN IS SENT TO THE ACCOUNTING STAFF AT UMMS FOR AN IN-HOUSE REVIEW.

UPON COMPLETION OF THE IN-HOUSE REVIEW, GRANT THORNTON IS INSTRUCTED TO MAKE ANY NECESSARY CHANGES AND TO PREPARE THE FINAL TAX RETURN. THE FINAL RETURN UNDERGOES ANOTHER REVIEW BY THE ACCOUNTING STAFF AT FINANCE

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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SHARED SERVICES AND IS ALSO REVIEWED BY THE ACCOUNTING MANAGER, THE DIRECTOR OF FINANCIAL REPORTING, THE VICE PRESIDENT OF FINANCE AND THE CFO, WHO SIGNS THE RETURN.

PRIOR TO FILING THE IRS FORM 990, THE ORGANIZATION'S BOARD CHAIRMAN, TREASURER, AUDIT COMMITTEE CHAIRMAN, EXECUTIVE COMMITTEE CHAIRMAN OR OTHER MEMBER OF THE BOARD WITH SIMILAR AUTHORITY WILL REVIEW THE IRS FORM 990. AT THE DISCRETION OF THE REVIEWING BOARD MEMBER, SUCH MEMBER WILL BRING ANY ISSUES OR QUESTIONS RELATED TO THE COMPLETED IRS FORM 990 TO THE ATTENTION OF THE BOARD. NOTWITHSTANDING THE ABOVE, A BOARD RESOLUTION IS NOT REQUIRED FOR THE FILING OF THE ORGANIZATION'S IRS FORM 990. EACH BOARD MEMBER IS PROVIDED WITH A COPY OF THE FINAL IRS FORM 990 BEFORE FILING.

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

FORM 990, PART VI, LINE 12C

THE ORGANIZATION'S OFFICERS, DIRECTORS, EMPLOYEES AND MEDICAL STAFF MEMBERS, AS APPLICABLE, SHALL DISCLOSE CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS OF INTEREST BETWEEN THEIR PERSONAL INTERESTS AND THE INTERESTS OF THE ORGANIZATION, OR ANY ENTITY CONTROLLED BY OR OWNED IN SUBSTANTIAL PART BY THE ORGANIZATION.

A QUESTIONNAIRE WHICH DISCLOSES POTENTIAL CONFLICTS OF INTEREST IS DISTRIBUTED ANNUALLY TO ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES. THE GENERAL COUNSEL OF THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM CORPORATION (UMMSC) REVIEWS THE RESPONSES FOR UMMSC AND JAMES LAWRENCE KERNAN

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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HOSPITAL. THE CEO OR CFO OF EACH OF THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM REVIEWS THE RESPONSES FOR THOSE ENTITIES.

THE GENERAL COUNSEL, IN CONSULTATION WITH THE AUDIT COMMITTEE, IF NECESSARY, WOULD DETERMINE IF A CONFLICT OF INTEREST EXISTED FOR UMMSC AND JAMES LAWRENCE KERNAN HOSPITAL. WITH RESPECT TO THE OTHER ENTITIES IN THE UNIVERSITY OF MARYLAND MEDICAL SYSTEM, THE GENERAL COUNSEL MAY BE CALLED FOR CONSULT. IF SO, THE GENERAL COUNSEL MAY CONSULT THE AUDIT COMMITTEE, IF NECESSARY.

WHENEVER A CONFLICT OR POTENTIAL CONFLICT OF INTEREST EXISTS, THE NATURE OF THE CONFLICT OR POTENTIAL CONFLICT OF INTEREST MUST BE DISCLOSED IN WRITING TO THE ORGANIZATION'S BOARD, BOARD COMMITTEE, AN OFFICER OF THE ORGANIZATION OR OTHER APPROPRIATE EXECUTIVE. SUCH INDIVIDUAL HAVING A POTENTIAL CONFLICT OF INTEREST SHALL PLAY NO ROLE ON BEHALF OF THE ORGANIZATION, OR ANY ORGANIZATION CONTROLLED OR SUBSTANTIALLY OWNED, IN ANY TRANSACTION IN WHICH A CONFLICT EXISTS.

ALL INVITATIONS FOR BIDS, PROPOSALS OR SOLICITATIONS FOR OFFERS INCLUDE THE FOLLOWING PROVISION: ANY VENDOR, SUPPLIER OR CONTRACTOR MUST DISCLOSE ANY ACTUAL OR POTENTIAL TRANSACTION WITH ANY ORGANIZATION OFFICER, DIRECTOR, EMPLOYEE OR MEMBER OF THE MEDICAL STAFF, INCLUDING FAMILY MEMBERS WITHIN FIVE DAYS OF THE TRANSACTION. FAILURE TO COMPLY WITH THIS PROVISION IS A MATERIAL BREACH OF AGREEMENT.

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IN ADDITION, A BOARD DISCLOSURE REPORT IS FILED WITH THE MARYLAND HEALTH SERVICES COST REVIEW COMMISSION ON AN ANNUAL BASIS SHOWING ANY BUSINESS TRANSACTIONS BETWEEN THE BOARD MEMBERS AND THE ORGANIZATION.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINES 15A AND 15B

THE ORGANIZATION DETERMINES THE EXECUTIVE COMPENSATION PAID TO ITS EXECUTIVES IN THE FOLLOWING MANNER PRESCRIBED IN THE IRS REGULATIONS: EXECUTIVE COMPENSATION PACKAGES ARE DETERMINED BY A COMMITTEE OF THE BOARD THAT IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO HAVE NO CONFLICT OF INTEREST. THE COMMITTEE ACQUIRES CREDIBLE COMPARABILITY MARKET DATA CONCERNING THE COMPENSATION PACKAGES OF SIMILARLY SITUATED EXECUTIVES. THE COMMITTEE CAREFULLY REVIEWS THAT DATA, THE EXECUTIVE'S PERFORMANCE AND THE PROPOSED COMPENSATION PACKAGES DURING THE DECISION MAKING PROCESS. THE COMMITTEE MEMORIALIZES ITS DELIBERATIONS IN DETAILED MINUTES REVIEWED AND ADOPTED AT THE NEXT-FOLLOWING MEETING. THE COMMITTEE SEEKS AN OPINION OF COUNSEL THAT IT HAS MET THE REQUIREMENTS OF THE IRS INTERMEDIATE SANCTIONS REGULATIONS. THIS PROCESS IS USED TO DETERMINE THE COMPENSATION PACKAGES FOR ALL MANAGEMENT EMPLOYEES FROM THE VICE PRESIDENT LEVEL AND UP.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, LINE 19

IN GENERAL, FINANCIAL AND TAX INFORMATION RELATING TO THE ORGANIZATION IS DEEMED PROPRIETARY AND NOT SUBJECT TO DISCLOSURE UPON REQUEST. HOWEVER, SPECIFIC PROVISIONS OF FEDERAL AND STATE LAW REQUIRE THE ORGANIZATION TO

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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DISCLOSE CERTAIN LIMITED FINANCIAL AND TAX DATA UPON A SPECIFIC REQUEST FOR THAT INFORMATION.

REQUESTS FOR FORM 990 AND FORM 1023:

A REQUESTOR SEEKING TO REVIEW AND/OR OBTAIN A COPY OF THE ORGANIZATION'S IRS FORM 990 OR FORM 1023 AS FILED WITH THE INTERNAL REVENUE SERVICE, INCLUDING ALL SCHEDULES AND ATTACHMENTS, MAY APPEAR IN PERSON OR SUBMIT A WRITTEN REQUEST. THE MOST RECENT THREE YEARS OF IRS FORM 990 MAY BE REQUESTED.

IF THE REQUESTER APPEARS IN PERSON, THE INDIVIDUAL IS DIRECTED TO THE OFFICE OF THE CHIEF FINANCIAL OFFICER FOR THE ORGANIZATION AND THE FORM 990 AND/OR FORM 1023 ARE MADE AVAILABLE FOR INSPECTION. THE INDIVIDUAL IS PERMITTED TO REVIEW THE RETURN, TAKE NOTES AND REQUEST A COPY. IF REQUESTED, A COPY IS PROVIDED ON THE SAME DAY. A NOMINAL FEE IS CHARGED FOR MAKING THE COPIES. THE ORGANIZATION MAY HAVE AN EMPLOYEE PRESENT DURING THE PUBLIC INSPECTION OF THE DOCUMENT.

WRITTEN REQUESTS FOR AN ENTITY'S FORM 990 OR FORM 1023 ARE DIRECTED IMMEDIATELY TO THE OFFICE OF THE CHIEF FINANCIAL OFFICER FOR THE ORGANIZATION. THE REQUESTED COPIES ARE MAILED WITHIN 30 DAYS OF THE REQUEST. REPRODUCTION FEES AND MAILING COSTS ARE CHARGED TO THE REQUESTOR.

Name of the organization

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CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS:

IF THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY OF OUR ORGANIZATION ARE SUBJECT TO THE FEDERAL PUBLIC DISCLOSURE RULES (OR STATE PUBLIC DISCLOSURE RULES), THESE DOCUMENTS WILL BE MADE PUBLICLY AVAILABLE AS APPLICABLE LAW MAY REQUIRE. OTHERWISE, THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WILL BE PROVIDED TO THE PUBLIC AT THE DISCRETION OF MANAGEMENT.

RECONCILIATION OF NET ASSETS

FORM 990, PART XI, LINE 9

CHANGE IN FUNDED STATUS OF DEFINED BENEFIT PLAN	(313,899)
CHANGE IN ECONOMIC INTEREST- MWP UNRESTRICTED	1,046,622
NET ASSETS RELEASED FOR PURCHASE OF EQUIPMENT	369,077

RESTRICTED:

CHANGE IN ECONOMIC INTEREST- MWP RESTRICTED	1,527,191
NET ASSETS RELEASED FOR OPERATIONS	(433,138)
NET ASSETS RELEASED FOR PURCHASE OF EQUIPMENT	(369,077)

TOTAL CHANGE TO NET ASSETS	1,826,776
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	<u>ATTACHMENT 1</u>
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990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
PHARMASOURCE HEALTHCARE INC P. O. BOX 632849 CINCINNATI, OH 45263-2849	PHARMACY	3,676,915.
WHITING TURNER CONTRACTING	CONSTRUCTION	2,617,982.

Name of the organization MT. WASHINGTON PEDIATRIC HOSPITAL, INC.	Employer identification number 52-0591483
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ATTACHMENT 1 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
P. O. BOX 17596 BALTIMORE, MD 21297		
SLEEP SERVICES OF AMERICA P. O. BOX 198320 ATLANTA, GA 30384	NEUROLOGY	1,188,913.
JOHNS HOPKINS UNIVERSITY 500 NORTH WOLF STREET BALTIMORE, MD 21287	PHYSICAN	1,132,086.
MEDICAL INFO. TECHNOLOGY INC P. O. BOX 74569 CHICAGO, IL 60696	GENERAL LEDGER	322,518.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990.** ▶ **See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

Employer identification number

MT. WASHINGTON PEDIATRIC HOSPITAL, INC.

52-0591483

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) MOUNT WASHINGTON PEDIATRIC FOUNDATION 52-1736672 1708 WEST ROGERS AVENUE BALTIMORE, MD 21209	FUNDRAISING	MD	501(C)(3)	11A	MWPH	X	
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MT. WASHINGTON PEDIATRIC FOUNDATION	C	366,125.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
